

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000000396 (9)**

1. Corporation Name

**TRUE HOUSE OF JESUS CHRIST, INC.**

Principal Place of Business

**800 OFFICE PLAZA ROAD  
KISSIMMEE FL 34742**

Mailing Address

**PO BOX 423254  
KISSIMMEE FL 34742**

3. Date Incorporated or Qualified

**01/19/1996**

4. FEI Number

**59-3313496**

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 1111 Kentucky Ave**

**26 P.O. Box 423254**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 St. Cloud, FL**

**28 Kissimmee, FL**

Zip

Country

Zip

Country

**24 34769**

**25 Osceola**

**29 34742**

**30 Osceola**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOCKERY, THOMAS  
113 BIRMINGHAM DRIVE  
KISSIMMEE FL 34758**

81 Name

**Same**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Thomas Dockery*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>DOCKERY, THOMAS</b>   |                                 |
| STREET ADDRESS | <b>113 BIRMINGHAM DR</b> |                                 |
| CITY-ST-ZIP    | <b>KISSIMMEE FL</b>      |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>DOCKERY, SHIRLEY</b>  |                                 |
| STREET ADDRESS | <b>113 BIRMINGHAM DR</b> |                                 |
| CITY-ST-ZIP    | <b>KISSIMMEE FL</b>      |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>FOLEY, BEVERLY</b>       |                                 |
| STREET ADDRESS | <b>1080 S HOUGLAND BLVD</b> |                                 |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34741</b>   |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Dockery* **DOCKERY, THOMAS**

**1/28/98 (407) 935-9827**

CR2E037 (10/97)