2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003
Secretary of State

DOCUMENT# N96000000396

Entity Name: TRUE HOUSE OF JESUS CHRIST, INC.

Current Principal Place of Business:

1111 KENTUCKEY AVE
ST CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 423254
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 59-3313496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOCKERY, THOMAS
113 BIRMINGHAM DRIVE
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

DOCKERY, SHIRLEY
113 BIRMINGHAM DRIVE
KISSIMMEE, FL 34758 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHIRLEY DOCKERY 08/26/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOCKERY, THOMAS
Address: 113 BIRMINGHAM DR
City-St-Zip: KISSIMMEE, FL

Title: D ( ) Delete
Name: DOCKERY, SHIRLEY
Address: 113 BIRMINGHAM DR
City-St-Zip: KISSIMMEE, FL

Title: D ( ) Delete
Name: FOLEY, BEVERLY
Address: 1080 S HOUGLAND BLVD
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOCKERY, SHIRLEY
Address: 113 BIRMINGHAM DR
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Change ( ) Addition
Name: DIGGS, THERESA D
Address: 3162A CRESTWOOD CIRCLE
City-St-Zip: ST. CLOUD, FL 34769

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY DOCKERY D 08/26/2003
Electronic Signature of Signing Officer or Director Date