

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000004658

1. Corporation Name

TRUE PRAISE INTERDENOMINATIONAL MINISTRIES, INC.

Principal Place of Business

4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

Mailing Address

4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

FILED

JUN 27 PM 3:26  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/15/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3462740	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HILL, JIMMY L  
4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Lawrence C. Stafford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, JIMMY L	1.2 NAME	Director
STREET ADDRESS	2802 SANDUSKY AVE E	1.3 STREET ADDRESS	3304-1 Bills Road (3334-1)
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	Jacksonville, Fla. 32207
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, GREGG L	2.2 NAME	200002766302--8
STREET ADDRESS	2426 SEABURY PLACE N	2.3 STREET ADDRESS	-02/05/99--01096--005
CITY-ST-ZIP	JACKSONVILLE FL 32246	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, VALARIE J	3.2 NAME	
STREET ADDRESS	2802 SANDUSKY AVE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, MEL D	4.2 NAME	
STREET ADDRESS	2732 OAK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GARY C	5.2 NAME	
STREET ADDRESS	5312 HERONVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADISON, MICHAEL	6.2 NAME	
STREET ADDRESS	3933 HICKORY GROVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	6.4 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

Daytime Phone #

0004843

CR2E037 (11/98)