

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004658

FILED  
Sep 15, 2004  
Secretary of State

**Entity Name:** TRUE PRAISE INTERDENOMINATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

EMERSON OFFICE SUITES  
4940 EMERSON STREET, STE. 125  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

EMERSON OFFICE SUITES  
4940 EMERSON STREET, STE. 125  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3462740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HILL, JIMMY L  
4940 EMERSON STREET, STE. 125  
JACKSONVILLE, FL 32207 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: \_\_\_\_\_

09/15/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HILL, JIMMY L  
Address: 2602 SANDUSKY AVE E  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete  
Name: HILL, AARON  
Address: 12865 CAPTIRE CT.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST ( ) Delete  
Name: HILL, VALARIE J  
Address: 2602 SANDUSKY AVE E  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: STAFFORD, LAWRENCE C  
Address: 3334-1 BILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Delete  
Name: WILLIAMS, GARY C  
Address: 5312 HERONVIEW DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: P ( ) Delete  
Name: MADISON, MICHAEL  
Address: 3933 HICKORY GROVE DR  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: VALERIE HILL

ST

09/15/2004

Electronic Signature of Signing Officer or Director

Date