

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004658

1. Entity Name
TRUE PRAISE INTERDENOMINATIONAL MINISTRIES,
INC.



Principal Place of Business
10971 APPLE BLOSSOM TRL. E
JACKSONVILLE, FL 32218

Mailing Address
10971 APPLE BLOSSOM TRL. E
JACKSONVILLE, FL 32218

FILED
Sep 10, 2008 08:00 AM
Secretary of State



09042008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number 59-3462740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, JIMMIE L
10971 APPLE BLOSSOM TRL. E
JACKSONVILLE, FL 32218

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Valerie J. Hill

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

(NOTE: Registered Agent signature required when reinstating)

9/6/08

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HILL, JIMMIE L
STREET ADDRESS 10971 APPLE BLOSSOM TRL E
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VP
NAME HILL, AARON
STREET ADDRESS 12865 CAPTIRE CT.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ST
NAME HILL, VALERIE J
STREET ADDRESS 10971 APPLE BLOSSOM TRL E
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D
NAME STAFFORD, LAWRENCE C
STREET ADDRESS 3334-1 BILLS ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE P
NAME WILLIAMS, GARY C
STREET ADDRESS 5312 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE P
NAME MADISON, MICHAEL
STREET ADDRESS 3933 HICKORY GROVE DR
CITY-ST-ZIP JACKSONVILLE, FL 32277

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09/10/08-80003-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Valerie J. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/08 (904) 338-2331

Daytime Phone #