2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000004658

Entity Name: TRUE PRAISE INTERDENOMINATIONAL MINISTRIES, INC.

Current Principal Place of Business:

10971 APPLE BLOSSOM TRL. E
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10971 APPLE BLOSSOM TRL. E
JACKSONVILLE, FL 32218

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HILL, JIMMIE L	
Address:	10971 APPLE BLOSSOM TRL E	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	VP	( ) Delete
Name:	HILL, AARON	
Address:	12865 CAPTIRE CT.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	ST	( ) Delete
Name:	HILL, VALERIE J	
Address:	10971 APPLE BLOSSOM TRL E	
City-St-Zip:	JACKSONVILLE, FL 32218	
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 exemption stated 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 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 SEC. 04/15/2009
Electronic Signature of Signing Officer or Director — Date