

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000520

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** TRUE BELIEVERS PRIMITIVE BAPTIST CHURCH INC.

**Current Principal Place of Business:**

10340 LEMTURNER RD  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

10905 WINGATE RD.  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

**FEI Number:** 59-3487354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHATMAN, JOHNNIE F SR.  
10905 WINGATE RD.  
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:** VPD  
**Name:** CHATMAN, JOHNNIE F SR.  
**Address:** 10905 WINGATE RD.  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** TD  
**Name:** CHATTMAN, MARY B  
**Address:** 10905 WINGATE RD.  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** TRT  
**Name:** PINCKNEY, PHADRA D  
**Address:** 6847 CHAMPLAIN ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** P  
**Name:** CHATMAN, JOHNNIE F SR.  
**Address:** 10905 WINGATE ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** CP  
**Name:** CHATMAN, MARY B  
**Address:** 10905 WINGATE ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** ST  
**Name:** PINCKNEY, PHADRA D  
**Address:** 6897 CHAMPLAIN ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

**SIGNATURE:** JOHNNIE F.CHATMAN SR.

P

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date