


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007541	
1. Entity Name TRUE LIGHT MISSIONARY BAPTIST CHURCH, INC.	

Principal Place of Business 3318 EMERSON AVENUE SOUTH SAINT PETERSBURG, FL 33712	Mailing Address 1600 41ST STREET SO. ST. PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  WARD, CHARLIE W REV. 2420 11TH ST. SOUTH ST. PETERSBURG, FL 33705	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 _____		DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, CHARLIE W REV. 2420 11TH ST., SO. ST. PETE, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, CORETHA N 1600 41ST ST. SO. ST. PETE, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, RUBY L 2122 20TH AVE., SO. ST. PETE, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, ULAS 2100 AUBURN ST., SO. ST. PETE, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, JOHNNY SR. 2122 20TH AVE., SO. ST. PETE, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

\$83/10

100074461061

05/12/06--01006--003 \*\*\$9.80

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: <u>Rev. Charlie W. Ward</u> <u>(Rev. Charlie W. Ward)</u> <u>4/23/06</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED  
06 MAY -4 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3348849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required