


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 3318 EMERSON AVENUE SOUTH      1600 41ST STREET SO.  
 SAINT PETERSBURG, FL 33712      ST. PETERSBURG, FL 33711

**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-NP      CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  
 WARD, CHARLIE W REV.  
 2420 11TH ST. SOUTH  
 ST. PETERSBURG, FL 33705

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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	

U00000886168  
 04/18/08-80044-016 61.25

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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:** *Rep. Charlie W. Ward / Charlie W. Ward*      4/4/08 (727) 327-9995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #