**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 03, 2019**
**Secretary of State**
**1046128601CC**

DOCUMENT# N00000008357

**Entity Name:** TRUE BELIEVERS' OF JESUS CHRIST FULL GOSPEL MINISTRIES, INC.

**Current Principal Place of Business:**

5523 CLEAVELAND RD #3
JACKSONVILLE, FL 32209

**Current Mailing Address:**

5523 CLEAVELAND RD #3
JACKSONVILLE, FL 32209

**FEI Number: 59-3713391**

**Certificate of Status Desired:** Yes

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

JACKSON, DOROTHY P
5523 CLEAVELAND RD #3
JACKSONVILLE, FL 32209 US

*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

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PTR | Title | T |
| Name | JACKSON, DOROTHY PPASTOR | Name | HICKS, MARY R |
| Address | 5523 CLEVELAND RD #3 | Address | 2122 BROOLYN ROAD |
| City-State-Zip: | JACKSONVILLE FL 32209 | City-State-Zip: | JACKSONVILLE FL 32209 |

| | |
|---|---|
| Title | T |
| Name | FLEMING, LATONYA A |
| Address | 991 ASHTON COVE TERRACE |
| City-State-Zip: | JACKSONVILLE FL 32218 |

*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: DOROTHY P. JACKSON PASTOR 04/03/2019

Electronic Signature of Signing Officer/Director Detail — Date