NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N93000003121 (1)

THE CHURCH OF FAITH AND TRUTH, INC.

Principal Place	of Business	Mailing Address					1 18011101 010 10100 11111 0011	a sedisias dia sanda siris dassi danis dassi dassi dasaa isida sidal isab sabt			
1205 FARGO STREET SOUTH ST. PETERSBURG FL 33712		1206 FARGO STREET SOUTH ST. PETERSBURG FL 33712									
							Date Incorporated or Quality 07/13/1993		ate of La 06/29	st Report /1995	
2. Principal Pla	ace of Business	2a. Malin	g Address				4. FEI Number	•		Applied For	
21		26					59-3303862			Not Applicable	
Suite, Apt. 4	#, etc	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desire	a 🗆	\$8.75 Additional Fee Required		
City & State		Oity 8	Oity & State				Election Campaign Financi Trust Fund Contribution	ng 🗆	\$5.00 May Be Added to Fees		
Ζιρ	Country	Zip		Coc	intry		8. This corporation has liabilit	y for intangible to			
24	25	29		30			Florida Statutes	Yes 🗆] No		
	Name and Address of Curren	Registered	Agent		L.,		10. Name and Address of N	ew Registered	Agent		
					81	Name					
BROOKS	S, JAMES REV					Street Ad-	ess (P.O. Box Number is Not Acceptable)				
	RGO STREET SOUTH										
	ERSBURG FL 33712				83						
					84	City			85	Zip Code	
					54	City		FL	. 85	Zip Gode	
or registen familiar wit SIGNATURE	to the provisions of Sections 617,0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section 1996 by the day of the section o	la Such chang on 617.0503. Ì	ge was authorize Florida Statutes	ed by the o	corp	oration's bo	and of directors. I hereby accept the	appointment as	register	ed agent. I am	
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS AN	FOIREC	TORS IN 12	
TITLE	DP		DEFEIF	1.1 TI	TLE				Chang	e 🔲 Addition	
NAME	BROOKS, JAMES REV			1.2 N	AMÉ						
STREET ADDRESS	1205 FARGO STREET SOUTH			135	TREET	aduress					
City-St 7.P	ST. PETERSBURG FL 33712			14C	[Y-S	r - ZIP					
T*TLF	DT		DELETE		2.1 THLE				Chang	e 🔲 Addition	
NAME	Brooks, annie			2 2 N.	AME						
STREFT ADDRESS	1205 FARGO STREET SOUTH			235	TREET	ADDRESS					
City-St-7P	ST. PETERSBURG FL 33712		Cos ere			ST 71P					
Tr'ue	DS		DEFELE	311.					- Chang	e 🔲 Addition	
NAME	BUTLER, JACQUELINE			3 2 N.		-					
STREET ADORESS	3557 - 27TH AVENUE SOUTH					ADDRESS					
CITY - ST - ZIP	ST. PETERSBURG FL 33711		DELFIE	3 4 E		31 - 718			☐ Chang	e 🔲 Addition	
NAME			Доссте	4 2 1						E D XOURON	
STHEET ADDRESS						ADDRESS					
CITY-ST-ZIP						ADDRESS					
TITLE			DELETE	51 T		1-7iP	·····		[] Chang	e 🔲 Addition	
NAME				5 2 N					J E		
STREET ADDRESS						ADDRESS					
CITY S' ZIP						T - ZIP					
TITLE	 		DELETE	6 1 Ti				* -	Chang	e 🔲 Addition	
NAME				62 N	AME						
STREET ADDRESS						ADDRESS					
CHTY - ST - ZIP						T-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (

HUNIE Brooks