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**Mar 07 1997 8:00am**

**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # N93000003121 (1)**

1. Corporation Name

**THE CHURCH OF FAITH AND TRUTH, INC.**



Principal Place of Business

Mailing Address

**1205 FARGO STREET SOUTH  
ST. PETERSBURG FL 33712**

**1205 FARGO STREET SOUTH  
ST. PETERSBURG FL 33712-1821**

3. Date Incorporated or Qualified  
**07/13/1993**

3a. Date of Last Report  
**02/29/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3303862**

Applied For  
Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

City & State

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROOKS, JAMES REV  
1205 FARGO STREET SOUTH  
ST. PETERSBURG FL 33712**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  DELETE  
NAME **BROOKS, JAMES REV**  
STREET ADDRESS **1205 FARGO STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DT**  DELETE  
NAME **BROOKS, ANNIE**  
STREET ADDRESS **1205 FARGO STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DS**  DELETE  
NAME **BUTLER, JACQUELINE**  
STREET ADDRESS **3557 - 27TH AVENUE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Annie Brooks* 3/4/97  
Date: 3/4/97 Daytime Phone # 0050872

CR2E037 (9/96)