

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0062128

04-26-2001 90098 013 ****61.25

DOCUMENT # N93000003121

1. Entity Name

THE CHURCH OF FAITH AND TRUTH, INC.

Principal Place of Business

1205 FARGO STREET SOUTH
 ST. PETERSBURG FL 33712

Mailing Address

1205 FARGO STREET SOUTH
 ST. PETERSBURG FL 33712

LU0J4138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1239 16 St. South

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

FL

4. FEI Number

59-3303862

Applied For

Not Applicable

Zip

33712

Country

Piellas

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Annie Brooks

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BROOKS, JAMES REV	
STREET ADDRESS	1205 FARGO STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROOKS, ANNIE	
STREET ADDRESS	1205 FARGO STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BUTLER, JACQUELINE	
STREET ADDRESS	3557 - 27TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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:

Annie Brooks 4/24/01 7327-2821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)