

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90081 027 ****61.25

DOCUMENT # N93000003121

1. Entity Name

THE CHURCH OF FAITH AND TRUTH, INC.

Principal Place of Business

**1229 16ST SOUTH
 ST. PETERSBURG FL 33712**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3303862

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

James Brooks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9 2002

Date

Daytime Phone #

CR2E037 (9/01)