UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2004 8:00 am
Secretary of State
08-27-2004 90003 007 ****61.25

DOCUMENT # N93000003121

1. Entity Name
THE CHURCH OF FAITH AND TRUTH, INC.

54070365

Principal Place of Business	Mailing Address
1229 16ST SOUTH ST. PETERSBURG FL 33712	1205 FARGO STREET SOUTH ST. PETERSBURG FL 33712

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1229-16th St. So.	1229 16th St. So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
St Pete. Fl	St Pete. Fl
Zip 33705 Country Pinellas	Zip 33705 Country Pinellas

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROOKS, JAMES REV 1205 FARGO STREET SOUTH ST. PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROOKS, ANNIE 1205 FARGO STREET SOUTH ST. PETERSBURG FL 33712	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Butler, Jacqueline 3557-27th Ave. So. St. Petersburg, Fl 33711 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BUTLER, JACQUELINE 3557 - 27TH AVENUE SOUTH ST. PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jacqueline Butler Aug 02, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR — Date — Daytime Phone #

STATE OF FLORIDA

Attachment

OFFICE of VITAL STATISTICS

5402036

CERTIFIED COPY

#N93000003121

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	ANNIE	MAE	BROOKS	FEMALE

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 Day Hours	Minutes
APRIL 30, 2004	267 - 36 - 8831	82				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
DECEMBER 20, 1921	THOMASTON, GEORGIA	NO

9a. PLACE OF DEATH (Check only one: see instructions on other side)
HOSPITAL: ___ Inpatient ___ ER/Outpatient ___ DOA OTHER: ___ Nursing Home X Residence ___ Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): YES

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
1205 FARGO STREET SOUTH	ST. PETERSBURG	PINELLAS

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
NURSE'S AIDE	HEALTHCARE	MARRIED	JAMES BROOKS

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
FLORIDA	PINELLAS	ST. PETERSBURG	1205 FARGO STREET SOUTH

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	15. RACE – American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)	College (1-4 or 5 +)
YES	33712	X No ___ Yes Specify:	BLACK	8	

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
ROBERT CHANEY	CARRIE DRAKE

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 33712
JACQUELINE R. BUTLER	1205 FARGO STREET SOUTH ST.PETERSBURG, FLORIDA

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
X Burial ___ Cremation ___ Removal from State ___ Donation ___ Other (Specify)	ROYAL PALM CEMETERY SOUTH	ST.PETERSBURG, FLORIDA

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
	FE #4037	ZION HILL MORTUARY 1700 49th STREET SOUTH ST.PETERSBURG, FLORIDA 33707

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) ▶ Brenda MD

22b. DATE SIGNED (Mo, Day, Yr): May 5th 04

22c. HOUR OF DEATH: 12:15 A M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) ▶

23b. DATE SIGNED (Mo, Day, Yr)

23c. HOUR OF DEATH M

23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
JEANIE BRANCONI M.D. 2191 9th AVENUE NORTH SUITE 100 ST.PETERSBURG, FLORIDA 33713

25a. SUBREGISTRAR – SIGNATURE AND DATE	25b. LOCAL REGISTRAR – SIGNATURE	25c. DATE REGISTERED
	Wendy Houghton	May 6, 2004

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cerebral Infarction	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF): Colon CA MO	
	c. DUE TO (OR AS A CONSEQUENCE OF): CHF	
	d. DUE TO (OR AS A CONSEQUENCE OF): Resp COPD Renal insuff.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
	NO		NO

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ___ Yes X No	30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	30b. DATE OF SURGERY (Mo, Day, Year)

VOID IF ALTERED OR ERASED