

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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04042005 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000003121			
1. Entity Name THE CHURCH OF FAITH AND TRUTH, INC.			
Principal Place of Business 1229-16TH ST. SO. SAINT PETERSBURG, FL 33705		Mailing Address 1229-16TH ST. SO. SAINT PETERSBURG, FL 33705	
2. Principal Place of Business 1229-16th St. SO		3. Mailing Address 730 Lake Maggiore Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Pete. FL		City & State St. Petersburg FL	
4. FEI Number 59-3303862		Applied For Not Applicable	
Zip 33705		Country Pinellas	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$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: Deborah Parsley Street Address (P.O. Box Number is Not Acceptable): 6431 - 22nd Way So. City: St. Petersburg FL Zip Code: 33712	
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: 4/16/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: DP NAME: BROOKS, JAMES REV STREET ADDRESS: 1205 FARGO STREET SOUTH CITY-ST-ZIP: ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE: <del>DP</del> NAME: Willie Ray Robinson STREET ADDRESS: 8228 7th St. 60. Apt. 1 CITY-ST-ZIP: St. Petersburg FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: BUTLER, JACQUELINE STREET ADDRESS: 3557-27TH AVE SO CITY-ST-ZIP: SAINT PETERSBURG, FL 33711	<input type="checkbox"/> Delete	TITLE: <del>BM</del> NAME: Virginia Robinson STREET ADDRESS: 2225 7th AVE. NO. CITY-ST-ZIP: St. Petersburg FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: BUTLER, JACQUELINE STREET ADDRESS: 3557-27TH AVENUE SOUTH CITY-ST-ZIP: ST. PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Delete	TITLE: <del>DS</del> NAME: Patricia Davis STREET ADDRESS: 5360-Aicola way so. CITY-ST-ZIP: St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <del>VP</del> NAME: Robert Lee Robinson STREET ADDRESS: 730 Lake Maggiore Boulevard So. CITY-ST-ZIP: St. Petersburg FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <del>M</del> NAME: Beverly Y. Allen STREET ADDRESS: 1854 6th Ave Pl. 60. CITY-ST-ZIP: St. Petersburg FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <del>BM</del> NAME: Evelyn Robinson STREET ADDRESS: 9100 9th St. No Apt. 1909 CITY-ST-ZIP: St. Petersburg FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:		DATE: 4-16-05 (727) 864-1909	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	