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# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 SEP 28 PM 3:01


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09232005 Chg-NP CR2E037 (10/03)

**DOCUMENT # N93000003121**

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



Principal Place of Business  
~~730 LAKE MAGGOSIC BLVD.~~  
~~SAINT PETERSBURG, FL 33705~~  
1229-16th St. So.  
St. Pete FL 33705

Mailing Address  
~~730 LAKE MAGGOSIC BLVD.~~  
~~SAINT PETERSBURG, FL 33705~~  
3557-27th Ave. So.  
St. Pete FL 33711

2. Principal Place of Business  
1229 16th Street So.

3. Mailing Address  
3557-27th Ave. So.

Suite, Apt. #, etc.

City & State  
St. Petersburg FL

City & State  
St. Petersburg FL

Zip  
33705

Country  
FLORIDA

Zip  
33711

Country  
FLORIDA

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

~~PERSLEY, DEBORAH~~  
~~6631 22ND WAY SO.~~  
~~ST. PETERSBURG, FL 33712~~

*CHANGE*  
Jacqueline Butler  
3557-27th Ave. So.  
St. Pete FL 33711

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

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

Amended AR 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	M	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, WILLIE RAY		NAME	JAMES BROOKS	
STREET ADDRESS	2228 7TH ST. SO, APT 1		STREET ADDRESS	1205 FARGO ST. SO.	
CITY-ST-ZIP	ST PETERSBURG, FL 33705		CITY-ST-ZIP	St. Pete FL 33712	
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, VIRGINIA		NAME	PATRICIA DAVIS	
STREET ADDRESS	2225 7TH AVE. N.		STREET ADDRESS	5360 ALCOLA WAY SO	
CITY-ST-ZIP	ST PETERSBURG, FL 33705		CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATRICIA		NAME	PATRICIA DAVIS	
STREET ADDRESS	5360 ALCOLA WAY 50		STREET ADDRESS	5360 ALCOLA WAY SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712		CITY-ST-ZIP	St. Pete FL 33712	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT LEE		NAME		
STREET ADDRESS	730 LAKE MAGGORIC BLVD SO.		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BEVERLY Y		NAME		
STREET ADDRESS	1854 62ND PL. SO.		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, EVELYN		NAME		
STREET ADDRESS	9100 9TH ST. N, APT. 1707		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		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: *Jacqueline Butler* 09/26/2005 787 867-8113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

*Raye 2005*

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

**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROOKS, JAMES REV 1205 FARGO STREET SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, JACQUELINE 3557-27TH AVE SO SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUTLER, JACQUELINE 3557 - 27TH AVENUE SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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* 09/24/2005 737 867-8113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #