


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90030 049 ****61.25

DOCUMENT # N93000003121		
1. Entity Name THE CHURCH OF FAITH AND TRUTH, INC.		
Principal Place of Business 1229 16TH STREET SOUTH SAINT PETERSBURG FL 33705		Mailing Address 3557-27TH AVE SOUTH ST PETERSBURG FL 33711
2. Principal Place of Business	3. Mailing Address <i>1205 Fargo St. So.</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State <i>St. Petersburg FL</i>	
Zip	Country	4. FEI Number 59-3303862
<i>33712</i>	<i>FLORIDA</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent BUTLER, JACQUELINE 3557-27TH AVE SOUTH ST. PETERSBURG FL 33711		7. Name and Address of New Registered Agent Name <i>EPPS, DELORIS B.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2251 Lamparilla Way. 50.</i> <i>ST. PETERSBURG</i> City FL Zip Code <i>33712</i>	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, JAMES			NAME			
STREET ADDRESS	1205 FARGO STREET SOUTH			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33712			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, PATRICIA			NAME			
STREET ADDRESS	5360 ALCOLA WAY SOUTH			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33712			CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	<i>DT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, PATRICIA			NAME	<i>EPPS, DELORIS B. #</i>		
STREET ADDRESS	5360 ALCOLA WAY SOUTH			STREET ADDRESS	<i>2251 Lamparilla Way. 50</i>		
CITY-ST-ZIP	ST PETERSBURG FL 33712			CITY-ST-ZIP	<i>ST. PETERSBURG FL 33712</i>		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, JAMES REV			NAME			
STREET ADDRESS	1205 FARGO STREET SOUTH			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33712			CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, JACQUELINE			NAME			
STREET ADDRESS	3557-27TH AVENUE SOUTH			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33711			CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, JACQUELINE			NAME			
STREET ADDRESS	3557-27TH AVENUE SOUTH			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33711			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Deloris B. Epps* 2/23/06 727 3238774