2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000000912

Entity Name: TRUE FAITH CHRISTIAN FELLOWSHIP INC.

Current Principal Place of Business:

1389 PETREE ROAD
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

5181 WOODRIDGE DRIVE
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 59-3622145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLARD, LINDA D
5181 WOODRIDGE DRIVE
CALLAHAN, FL 32011

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILLARD, QUINTON N	
Address:	5181 WOODRIDGE DRIVE	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	VPD	( ) Delete
Name:	SPEARS, JOHN W	
Address:	3457 WASHBURN ROAD	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	ST	( ) Delete
Name:	WILLARD, LINDA D	
Address:	5181 WOODRIDGE DRVE	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	BMPD	( ) Delete
Name:	RYALS, BILL	
Address:	445 OTTER RUN DRIVE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	BMT	( ) Delete
Name:	MILLER, GILBERT	
Address:	8985 NORMANDY BLVD.,# 54	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	BMT	( ) Delete
Name:	ADAMS, MICHAEL	
Address:	3397 BELLVINE LANE	
City-St-Zip:	YULEE, FL 32041	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA D. WILLARD ST 04/27/2002

Electronic Signature of Signing Officer or Director — Date