

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90043 011 ****61.25

DOCUMENT # N00000000912	
1. Entity Name TRUE FAITH CHRISTIAN FELLOWSHIP INC.	

Principal Place of Business 45019 PETREE ROAD CALLAHAN FL 32011	Mailing Address P. O. BOX 977 CALLAHAN FL 32011
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3622145		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEASLEY, CYNDI B 35439 QUAIL RD. CALLAHAN FL 32011		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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD WILLARD, QUINTON N 35101 CHESTNUT LN CALLAHAN FL 32011 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SPEARS, JOHN W 3457 WASHBURN ROAD JACKSONVILLE FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILLARD, LINDA D 35101 CHESTNUT LN CALLAHAN FL 32011 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMPD ELWOOD, KENNY 49085 CANYON CREEK RD. HILLIARD FL 32046 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bmpd Harry Angell 54407 Cravey Rd. Callahan, FL 32011 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMT KEARNEY, BILL 3677 CEDAR AVE. YULEE FL 32097 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	96558 Blackrocked. Yulee, FL 32097 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMT NETTLES, EARL I 55453 CRAVEY RD CALLAHAN FL 32011 ☐ 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 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: *Quinton N. Willard* *Quinton N. Willard* 13-7-07 904-879-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #