

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000912

FILED
Mar 04, 2009
Secretary of State

Entity Name: TRUE FAITH CHRISTIAN FELLOWSHIP INC.

Current Principal Place of Business:

45019 PETREE ROAD
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 977
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:

BEASLEY, CYNDI B
35439 QUAIL RD.
CALLAHAN, FL 32011 US

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: 35101 CHESTNUT LN
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: 35101 CHESTNUT LN
City-St-Zip: CALLAHAN, FL 32011

Title: PD () Delete
Name: ANGELL, HARRY
Address: 54407 CRAVEY RD.
City-St-Zip: CALLAHAN, FL 32011

Title: BMT () Delete
Name: KEARNEY, BILL
Address: 96558 BLACKROCK RD
City-St-Zip: YULEE, FL 32097

Title: BMT () Delete
Name: NETTLES, EARL I
Address: 55453 CRAVEY RD
City-St-Zip: CALLAHAN, FL 32011

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: BMT (X) Change () Addition
Name: PARRISH, BILLY
Address: 45181 EULA B ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: BMT (X) Change () Addition
Name: NETTLES, EARL
Address: 55453 CRAVEY RD
City-St-Zip: CALLAHAN, FL 32011

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: QUINTON N WILLARD

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date