

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000912

FILED  
Apr 03, 2012  
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  
**Name:** RYALS, WILLIAM A  
**Address:** 56138 HAYLIE LN  
**City-St-Zip:** CALLAHAN, FL 32011

**Title:** VPT  
**Name:** PARRISH, BILLY  
**Address:** 45181 EULA B RD  
**City-St-Zip:** CALLAHAN, FL 32011

**Title:** ST  
**Name:** BEASLEY, CYNDI B  
**Address:** 35439 QUAIL RD  
**City-St-Zip:** CALLAHAN, FL 32011

**Title:** BMT  
**Name:** WILLARD, QUINTON N  
**Address:** 35101 CHESTNUT LN.  
**City-St-Zip:** CALLAHAN, FL 32011

**Title:** BMT  
**Name:** ANGELL, HARRY  
**Address:** 54407 CRAVEY RD  
**City-St-Zip:** CALLAHAN, FL 32011

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM RYALS

PRES

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date