

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/10/01

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90043 034 \*\*\*\*70.00

**DOCUMENT # N00000007446**

1. Entity Name

**TRUE FAITH TABERNACLE OUTREACH MINISTRIES, INC.**

Principal Place of Business

**2435 W. BELMONT STREET  
 PENSACOLA FL 32505**

Mailing Address

**2435 W. BELMONT STREET  
 PENSACOLA FL 32505**

2. Principal Place of Business

**5166 OLD OAK RD.**

3. Mailing Address

**P.O. BOX 16311**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MILTON, FL**

City & State

**PENSACOLA, FL**

Zip

**32583**

Country

**USA**

Zip

**32507**

Country

**USA**

4. FEI Number

**59-3682813**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WHIBBS, VINCENT J JR.  
 421 N. PALAFOX STREET  
 PENSACOLA FL 32501**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, CORNELIOUS	
STREET ADDRESS	2435 W. BELMONT STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, LESLIE M	
STREET ADDRESS	2435 W. BELMONT STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CORNELIOUS	
STREET ADDRESS	5166 OLD OAK ROAD	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LESLIE M.	
STREET ADDRESS	5166 OLD OAK ROAD	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMS, WAYNE	
STREET ADDRESS	1241 HAWTHORNE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS CORNELIOUS A	
STREET ADDRESS	5166 old oak Rd.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS LESLIE M	
STREET ADDRESS	5166 old oak Rd.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helms, WAYNE	
STREET ADDRESS	1241 Hawthorne Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32507	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cornelious A. Davis CORNELIOUS A. DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/01 850-436-8065**  
 Date Daytime Phone #

CR2E037 (10/00)