

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90488 004 ****70.00

DOCUMENT # N00000007446

1. Entity Name

TRUE FAITH TABERNACLE OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**5166 OLD OAK RD
 MILTON FL 32583**

**PO BOX 16311
 PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

**7537 Hwy 90
 Suite, Apt. #, etc.
 East Milton, FL**

**P.O. Box 3811
 Suite, Apt. #, etc.
 Milton, FL**

City & State

City & State

32583

32572

Zip

Country

Zip

Country

32583

USA

32572

USA

4. FEI Number

59-3682813

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **DAVIS, CORNELIOUS**
 CITY-ST-ZIP **5166 OLD OAK RD**
MILTON FL 32583

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DAVIS, LESLIE M**
 CITY-ST-ZIP **5166 OLD OAK ROAD**
MILTON FL 32583

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **HELMS, WAYNE**
 CITY-ST-ZIP **1241 HAWTHORNE DRIVE**
PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Pastor Cornelious A. Davis** **CORNELIOUS A. DAVIS** 4/29/02 1850 626 3858
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)