

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000684

1. Entity Name

CHURCH OF TRUE BELIEVERS INCORPORATED

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

02-21-2002 90139 015 ****61.25

05-22-2002 90236 039 ****61.25

95081

Principal Place of Business

Mailing Address

1099 GIBBS ST
 LAKE CITY FL 32055

1099 GIBBS ST
 LAKE CITY FL 32055

2. Principal Place of Business

3. Mailing Address

1099 Gibbs St

829 N. Patterson AVE

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32055

Country

Columbia

Zip

32055

Country

Columbia

4. FEI Number

02-0572811

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

Name

Griffin Pearl

Street Address (P.O. Box Number is Not Acceptable)

829 N. Patterson AVE.

City

Lake City

FL

Zip Code

32055

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

Pearl Griffin
 NOTE: Registered Agent signature required when reinstating

4/4/02
 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	P	☒ Delete
NAME	GRAHAM, REGINALD	
STREET ADDRESS	4289 CARROLL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	V	☐ Delete
NAME	GRIFFIN, PEARL	
STREET ADDRESS	829 N PATTERSON AVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	S	☐ Delete
NAME	LEE, LINDA	
STREET ADDRESS	10888 NW 37 WAY	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	T	☐ Delete
NAME	GRIFFIN, ORIDE	
STREET ADDRESS	829 N PATTERSON AVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	AT	☒ Delete
NAME	WHITE, ANNA	
STREET ADDRESS	1124 LABELLE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME	Pearl Griffin	
STREET ADDRESS	829 N Patterson AVE.	
CITY-ST-ZIP	Lake City FL 32055	D
TITLE		☐ Change ☒ Addition
NAME	Angelia Calhoun	
STREET ADDRESS	7703 NW 21 Ter. Lot 128	
CITY-ST-ZIP	Gainesville FL 32653	T
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	Orice Griffin	
STREET ADDRESS	829 N Patterson AVE.	
CITY-ST-ZIP	Lake City FL 32055	D
TITLE		☐ Change ☒ Addition
NAME	Joseph Simmons	
STREET ADDRESS	507 SW FRVIN	
CITY-ST-ZIP	LIVE OAK FL 32064	T
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: Pearl Griffin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02
 Date

Daytime Phone #