

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N01000000684

1. Entity Name
CHURCH OF TRUE BELIEVERS INCORPORATED



Principal Place of Business
**691 N.E. GIBBS TERRACE
LAKE CITY, FL 32055 US**

Mailing Address
**829 N PATTERSON AVE
LAKE CITY, FL 32055 US**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP

CR2E037 (4/06)

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

**GRIFFIN, PEARL
829 N.E. PATTERSON
LAKE CITY, FL 32055**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pearl Griffin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIFFIN, PEARL
STREET ADDRESS 829 N.E. PATTERSON AVENUE
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE P
NAME GRIFFIN, CALVIN D
STREET ADDRESS 1101 S.E. 15TH STREET, APT 34
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE PD
NAME GRIFFIN, ANGELIA L
STREET ADDRESS 108 S.E. 13TH LANE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE S
NAME JEFFERSON, KAREN
STREET ADDRESS 108 S.E. 13TH LANE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE T
NAME GRIFFIN, ORICE
STREET ADDRESS 829 N.E. PATTERSON AVENUE
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME CALHOUN, GARY
STREET ADDRESS 829 N.E. PATTERSON AVENUE
CITY-ST-ZIP LAKE CITY, FL 32055

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IN THIS SPACE**

U000000718125
05/01/07-80009-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/16/07 3867525710
Date Daytime Phone #