2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N01000000684

Entity Name: CHURCH OF TRUE BELIEVERS INCORPORATED

Current Principal Place of Business:

691 N.E. GIBBS TERRACE
LAKE CITY, FL 32055 US

New Principal Place of Business:

532 NORTH MARION AVENUE
LAKE CITY, FL 32055 US

Current Mailing Address:

829 N PATTERSON AVE
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 02-0572811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, PEARL
829 N.E. PATTERSON
LAKE CITY, FL 32055 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 ( ) Delete
Name: GRIFFIN, PEARL
Address: 829 N.E. PATTERSON AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: P ( ) Delete
Name: GRIFFIN, CALVIN D
Address: 108 SE 13TH LANE
City-St-Zip: GAINESVILLE, FL 32601

Title: PD ( ) Delete
Name: GRIFFIN, ANGELIA L
Address: 108 S.E. 13TH LANE
City-St-Zip: GAINESVILLE, FL 32601

Title: S ( ) Delete
Name: JEFFERSON, KAREN
Address: 108 S.E. 13TH LANE
City-St-Zip: GAINESVILLE, FL 32601

Title: T ( ) Delete
Name: GRIFFIN, ORICE
Address: 829 N.E. PATTERSON AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: CALHOUN, GARY
Address: 829 N.E. PATTERSON AVENUE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GRIFFIN, ANGELA L
Address: 108 SE 13TH LANE
City-St-Zip: GAINESVILLE, FL 32601

Title: PD (X) Change ( ) Addition
Name: GRIFFIN, CALVIN D
Address: 108 S.E. 13TH LANE
City-St-Zip: GAINESVILLE, FL 32601

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PEARL GRIFFIN PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date