

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 004 \*\*\*\*61.25

**DOCUMENT # N01000000728**

1. Entity Name  
**GRACE AND TRUTH COMMUNITY DEVELOPMENT  
CORPORATION**



Principal Place of Business

**933 ARDMORE STREET  
STE 1  
JACKSONVILLE, FL 32208-4355**

Mailing Address

**933 ARDMORE STREET  
STE 1  
JACKSONVILLE, FL 32208-4355**

4001000



01302008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-1020194**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, EUGENE M BISHOP  
933 ARDMORE STREET  
SUITE 1  
JACKSONVILLE, FL 32208-4355**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
PERSON, CASSANDRA  
6586 GENTLE OAKS DR. N.  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
FULLWOOD, REGGIE  
2933 NORTH MYRTLE AVE., 201  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
PERSON, CASSANDRA  
6586 GENTLE OAKS DR. N  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLOOD, JOANN G  
830 LYNTON STREET  
JACKSONVILLE, FL 32208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WILLIAMS, DOUGLAS  
1481 AVONDALE AVE.  
JACKSONVILLE, FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WASHINGTON, GLENDA  
5000-3 NORWOOD AVE.  
JACKSONVILLE, FL 32208**

**DO NOT WRITE  
IN THIS SPACE**

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:

*Bishop E. M. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08 904-343-7206  
Date Daytime Phone #