


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006888		
1. Entity Name TRUE FAITH CHURCH OF GOD AND CHRIST FOUNDATION, INC.		
Principal Place of Business 1700 WEST 18TH STREET RIVIERA BEACH, FL 33404	Mailing Address 1700 WEST 18TH STREET RIVIERA BEACH, FL 33404	

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WILLIAMS, JACK
1760 WEST 18TH STREET
WEST PALM BEACH, FL 33404**

**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: *Jack Williams*

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

(NOTE: Registered Agent signature required when reinstating)

1-6-08
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	D
NAME	WILLIAMS, JACK
STREET ADDRESS	1700 WEST 18TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404

TITLE	D
NAME	CIGGS, BARBARA
STREET ADDRESS	1700 WEST 18TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404

TITLE	D
NAME	BUTLER, OLIVIA
STREET ADDRESS	1700 WEST 18TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000777346
01/10/08-80003-026 61.25

U000000777346
01/10/08-80003-027 8.75

**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: *Olivia J. Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/08
Date

Date

(561) 478-7286
Daytime Phone #

Daytime Phone #