

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90033 016 ****90.00

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1. Entity Name
TRUE BELIEVER CHURCH OF GOD, INC.



Principal Place of Business
**364 S. LAKE AVE.
PAHOKEE, FL 33476**

Mailing Address
**C/O WILLIE E. JENKINS
P.O. BOX 279
PAHOKEE, FL 33476**

DO NOT WRITE IN THIS SPACE



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
27-0112334

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, WILLIE E
120 HOME PL COURT
PAHOKEE, FL 33476**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, TONY
STREET ADDRESS	804 PADGETT CIRCLE
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	D
NAME	BROWN, JIMMY
STREET ADDRESS	732 CHERRY ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	BRINKLEY, ALEX
STREET ADDRESS	5211 STACY STREET #C
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Willie E. Jenkins* **Willie E Jenkins** 3/16/2006 (561-902-8840)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #