

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000007828**

1. Entity Name  
**THE SPIRIT OF TRUTH AND FAITH, INC.**



Principal Place of Business

**1933 W WALNUT STREET  
TAMPA, FL 33607**

Mailing Address

**1933 W WALNUT STREET  
TAMPA, FL 33607**



02122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**84-1653873**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ANDERSON, RAPHAEL A SR  
1933 W WALNUT STREET  
TAMPA, FL 33607**

**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

*Raphael A. Anderson*

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

(NOTE: Registered Agent signature required when reappointing)

*4/01/06*  
DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000493261  
04/19/06-80093-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERSON, RAPHAEL A SR
STREET ADDRESS	1933 W WALNUT STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	V
NAME	GAINES, MARCELLAS
STREET ADDRESS	1933 W WALNUT STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	S
NAME	PITTS, JOANN
STREET ADDRESS	1933 W WALNUT STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	T
NAME	GAINES, OLLIE
STREET ADDRESS	1933 W WALNUT STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*Raphael A. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/06/06*  
Date

*813 545 8000*  
Daytime Phone #