

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 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**



04122007 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**84-1653873**

Applied For  
Not Applicable

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

**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 \_\_\_\_\_

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, 2007**

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

**DO NOT WRITE  
IN THIS SPACE**

U00000716474  
04/30/07-80009-019 70.00

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 Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/07*  
Date

*(813) 545-8066*  
Daytime Phone #