

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08990

1. Entity Name

THE TEMPLE OF TRUE FAITH, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90403 003 ****61.25

Principal Place of Business

Mailing Address

% DEACON SANDERS H TROUTMAN
330 NW 1ST AVE
DEERFIELD BEACH FL 33441

% DEACON SANDERS H TROUTMAN
330 NW 1ST AVE
DEERFIELD BEACH FL 33441-2007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2582752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROUTMAN, SANDERS H
330 NW 1ST AVE
DEERFIELD BEACH FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TROUTMAN, SANDERS H. REV
STREET ADDRESS 330 NW 1ST AVE
CITY-ST-ZIP DEERFIELD BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME TROUTMAN, TAMMY L.
STREET ADDRESS 330 NW 1ST AVE.
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME HAMMETT, SHARON
STREET ADDRESS 1331 S DIXIE APT 302
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TROUTMAN, ELIZABETH A
STREET ADDRESS 330 NW 1ST AVE
CITY-ST-ZIP DEERFIELD BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Signature of Sanders H. Troutman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-1-00 Daytime Phone # 954-698-6323

CF-2E037 (9/11)