

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0052942

DOCUMENT # N08990

1. Entity Name

THE TEMPLE OF TRUE FAITH, INC.

04-03-2001 90076 041 ****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

2. Principal Place of Business

3. Mailing Address

REV. SANDERS H. TROUTMAN **REV. SANDERS H. TROUTMAN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13768 76TH STREET

P.O. BOX 1437

City & State

City & State

LIVE OAK, FLORIDA

LIVE OAK, FLORIDA

Zip

Country

Zip

Country

32060

SWANNEE

32060

SWANNEE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TROUTMAN, SANDERS H. REV 330 NW 1ST AVE DEERFIELD BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TROUTMAN, TAMMY L. 330 NW 1ST AVE. DEERFIELD BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMETT, SHARON 1331 S DIXIE APT 302 DEERFIELD BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TROUTMAN, ELIZABETH A. 330 NW 1ST AVE DEERFIELD BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUTMAN SANDERS H. 13768 76TH STREET LIVE OAK, FLORIDA 32060	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TROUTMAN TAMMY L. 13768 76TH STREET LIVE OAK, FLORIDA 32060	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TROUTMAN ELIZABETH A. 13768 76TH STREET LIVE OAK, FLORIDA 32060	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Rev. Sanders H. Troutman

3-30-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)