NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93596 012 ****70.00

DOCUMENT # N08990 (6)

1. Entity Name

THE TEMPLE OF TRUE FAITH, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% REV. SANDERS H. TROUTMAN	REV. SANDERS H. TROUTMAN
Suite, Apt. #, etc.: 13768 76TH STREET	Suite, Apt. #, etc.: P.O. BOX 1437
City & State: LIVE OAK, FL.	City & State: LIVE OAK, FL.
Zip: 32064 Country: SUWANNEE	Zip: 32064 Country: SUWANNEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2582752 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

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

FEE IS $61.25 Initial or Amended UBR	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

TITLE	PD	TITLE	
NAME	TROUTMAN, SANDERS H. REV.	NAME	
STREET ADDRESS	13768 76TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL. 32064	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	TROUTMAN, TAMMY L.	NAME	
STREET ADDRESS	13768 76TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL. 32064	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	GROSS SHALONDA	NAME	
STREET ADDRESS	13768 76TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL. 32064	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	TD	TITLE	
NAME	TROUTMAN, ELIZABETH A.	NAME	
STREET ADDRESS	13768 76TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL. 32064	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Sanders H. Troutman May 5, 2002 (386)362-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #