

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90044 006 \*\*\*\*61.25

**DOCUMENT # N08990**

1. Entity Name

THE TEMPLE OF TRUE FAITH, INC.



Principal Place of Business

REV SANDERS H. TROUTMAN  
13768 76TH STREET  
LIVE OAK FL 32060

Mailing Address

PO BOX 1437  
LIVE OAK FL 32064



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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  
REV SANDERS H. TROUTMAN  
13768 76TH STREET  
LIVE OAK FL 32060

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. 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 reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TROUTMAN, SANDERS H. REV  
STREET ADDRESS 13768 76TH STREET  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VD ☒ Delete  
NAME TROUTMAN, TAMMY L.  
STREET ADDRESS 13768 76TH STREET  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE SD ☐ Delete  
NAME GROSS, SHALONDA  
STREET ADDRESS 13768 76TH ST  
CITY-ST-ZIP LIVE OAK FL 32064

TITLE VD ☐ Delete  
NAME TROUTMAN, ELIZABETH A  
STREET ADDRESS 13768 76TH STREET  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **TD**  
**TROUTMAN, TAMMY L.**  
STREET ADDRESS **13768 76TH STREET**  
CITY-ST-ZIP **LIVE OAK, FL 32060**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rev. Sanders H. Troutman* SANDERS H. TROUTMAN, 2/20/06 (386)362-2909