

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28142**

1. Entity Name  
**CHURCH OF GOD BY FAITH IN RIGHTEOUSNESS &  
TRUE HOLINESS, INC.**



Principal Place of Business  
**16655 NE JAX RD  
CITRA, FL 32113**

Mailing Address  
**1430 N.E. 175TH STREET  
CITRA, FL 32113**



07072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2922463**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRADDIC, RUBY M.  
RT. 4 BOX 211  
CITRA, FL 32627**

**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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRADDIC, RUBY M.
STREET ADDRESS	RT. 4 BOX 211
CITY-ST-ZIP	CITRA, FL
TITLE	D
NAME	MCNAIR, LARRY
STREET ADDRESS	RT. 4 BOX 190
CITY-ST-ZIP	CITRA, FL
TITLE	SD
NAME	BASINE, ODESSA
STREET ADDRESS	1503 SW 3RD STREET
CITY-ST-ZIP	OCALA, FL
TITLE	SD
NAME	MCNAIR, VIVIAN
STREET ADDRESS	RT. 4 BOX 190
CITY-ST-ZIP	CITRA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000372406  
07/12/05-80006-007 61.25  
**DO NOT WRITE  
IN THIS SPACE**

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

7-11-05 (352) 732-3160  
Date Daytime Phone #