

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 001 ****61.25

DOCUMENT # **W 48410**
1. Entity Name
TRUE FAITH Church of God Inc



DO NOT WRITE IN THIS SPACE
W06-18520

66009318

2. Principal Place of Business
532 46th Street
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

CR2E037B (8/05)

City & State
W.P.B. Florida

City & State
FL

4. FEI Number
Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
Name: **DOYIS WRIGHT**
Street Address (P.O. Box Number is Not Acceptable)
532 46th St.
City: **W.P.B.** FL Zip Code: **33407**

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: *Doyis Wright*
Signature, typed or printed name of registered agent (if practicable) (NOTE: Registered Agent signatures required when withdrawing) DATE

FEE IS \$81.25
Initial or Amended AR

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 NAME STREET ADDRESS CITY - ST - ZIP	Pastor Doyis Wright D 532 46th St W.P.B. FL 33407	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Miss Sunday S Dorina Key 631 Hawthorne Dr Lake Park FL 33403	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Deacon Levius Ruben 745 14th Street W.P.B. FL 33409-33407	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 files empowered.

SIGNATURE: *Doyis Wright* (D)
Signature and typed or printed name of signing officer or director Date: **3-5-07** 561 255-2432
Office Daytona Phone #