2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48492

FILED Jan 06, 2004 Secretary of State

Entity Name: TRUE FAITH MISSIONARY BAPTIST CHURCH, INC.

irrent Pr	rincipal Place	of Business:	New Principal Place	e of Business:
90 N.W. AMI, FL	47 TERR 33142			
ırrent M	ailing Addres	ss:	New Mailing Addre	ss:
90 N.W. AMI, FL	47 TERR 33142			
Number:	65-0396674	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
me and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
NR, JOH 50 NW 1 AMI, FL	124 ST			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
he State	of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
he State	e of Florida. RE:	submits this statement for the pair		ed office or registered agent, or both, Date
the State	e of Florida. RE:	nic Signature of Registered Ag	ent	
he State	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Ag TORS: Delete H STREET	ent	Date
he State GNATUF FICERS E: ne: ress:	e of Florida. RE: Electror S AND DIREC PD () FAIR, JOHN M 1650 NW 124T MIAMI, FL 331	nic Signature of Registered Agr TORS: Delete H STREET 67 Delete MIT	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
he State BNATUF FICERS :: ne: ress: -St-Zip: :: ne: ress:	e of Florida. RE: Electror S AND DIREC PD () FAIR, JOHN M 1650 NW 124T MIAMI, FL 331 T () WILLIAMS, EM 4250 NW 168T MIAMI, FL	nic Signature of Registered Ag TORS: Delete H STREET 67 Delete MIT H TERRACE	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. FAIR PD 01/06/2004