2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48492

FILED Feb 28, 2008 Secretary of State

Entity Name: TRUE FAITH MISSIONARY BAPTIST CHURCH, INC.

irrent Pi	rincipal Place o	or business:	New Principal Plac	e or business:
90 N.W. AMI, FL	47 TERR 33142			
ırrent M	ailing Address	:	New Mailing Addre	ess:
90 N.W. AMI, FL	47 TERR 33142			
l Number:	65-0396674	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
AIR, JOH 550 NW 1 AMI, FL	124 ST			
,				
e above	named entity su e of Florida.	bmits this statement for the	ourpose of changing its register	red office or registered agent, or both,
e above the State	e of Florida.	ıbmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
e above the State	e of Florida. RE:	bmits this statement for the positions of Registered Ag		red office or registered agent, or both, Date
ne above the State GNATUF	e of Florida. RE:	Signature of Registered Ag	ent	
e above the State	e of Florida. RE: Electronic S AND DIRECTO	Signature of Registered Ag ORS: Delete STREET	ent	Date
e above the State GNATUF FFICERS e: me: dress:	e of Florida. RE: Electronic S AND DIRECTO PD () D FAIR, JOHN M 1650 NW 124TH MIAMI, FL 33167	© Signature of Registered Ag ORS: Delete STREET Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
e above the State GNATUF FFICERS e: ne: tress: r-St-Zip: e: ne: tress:	E of Florida. RE: Electronic S AND DIRECTO PD () D FAIR, JOHN M 1650 NW 124TH MIAMI, FL 33167 T () D WILLIAMS, EMMI 4250 NW 168TH MIAMI, FL	Signature of Registered Ag ORS: Delete STREET Delete IT TERRACE Delete RIE	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 exemption stated in Chapter 119, 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 02/28/2008