


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

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90030 049 ****61.25

DOCUMENT # N93000003121		
1. Entity Name THE CHURCH OF FAITH AND TRUTH, INC.		
Principal Place of Business 1229 16TH STREET SOUTH SAINT PETERSBURG FL 33705		Mailing Address 3557-27TH AVE SOUTH ST PETERSBURG FL 33711
2. Principal Place of Business	3. Mailing Address 1205 Fargo St. So.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State St. Petersburg FL	
Zip	Country	Zip Country 33712 PINELLAS



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3303862		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BUTLER, JACQUELINE 3557-27TH AVE SOUTH ST. PETERSBURG FL 33711		7. Name and Address of New Registered Agent Name EPPS, DELORIS B. Street Address (P.O. Box Number is Not Acceptable) 2251 Lamparilla Way. So. ST. PETERSBURG City FL Zip Code 33712

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROOKS, JAMES 1205 FARGO STREET SOUTH ST PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, PATRICIA 5360 ALCOLA WAY SOUTH ST PETERSBURG FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Deloris B. Epps* **2/23/06 727 3238774**