

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00
Secretary of State

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
**1205 FARGO ST. SOUTH
SAINT PETERSBURG, FL 33712**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3303862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EPPS, DELORIS B
2251 LAMPARILLA WAY SOUTH
SAINT PETERSBURG, FL 33712**

**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 May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BROOKS, JAMES
STREET ADDRESS	1205 FARGO STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33712

TITLE	DT
NAME	EPPS, DELORIS B
STREET ADDRESS	2251 LAMPARILLA WAY SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712

TITLE	DP
NAME	BROOKS, JAMES REV
STREET ADDRESS	1205 FARGO STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33712

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80020-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-08-08-7273238774