

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90112 044 \*\*\*\*61.25

**DOCUMENT # N93000003121**

1. Entity Name  
**THE CHURCH OF FAITH AND TRUTH, INC.**



Principal Place of Business  
**1229 16ST SOUTH  
ST. PETERSBURG FL 33712**

Mailing Address  
**1205 FARGO STREET SOUTH  
ST. PETERSBURG FL 33712**

2. Principal Place of Business  
**1229-16th St. So.**

3. Mailing Address  
**1229 16th St. So.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St Pete, FL**

City & State  
**St Pete, FL**

4. FEI Number **59-3303862**

Applied For  
Not Applicable

Zip **33705** Country **Pineellas**

Zip **33705** Country **Pineellas**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BROOKS, JAMES REV  
1205 FARGO STREET SOUTH  
ST. PETERSBURG FL 33712**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **BROOKS, ANNIE**  
STREET ADDRESS **1205 FARGO STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **BUTLER, JACQUELINE**  
STREET ADDRESS **3557 - 27TH AVENUE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: JAMES BROOKS**

CR2E037 (10/02)