


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000004401</b>	
1. Entity Name <b>TRUE FAITH INSPIRATIONAL BAPTIST CHURCH, INC.</b>	

Principal Place of Business <b>2526 W SLIGH AVE TAMPA, FL 33614</b>	Mailing Address <b>2526 W SLIGH AVE TAMPA, FL 33614</b>
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**DO NOT WRITE IN THIS SPACE**



08192006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3248240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GILES, JOHN 14830 CORAL BERRY DRIVE TAMPA, FL 33626</b>
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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 <u>John Giles</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE <u>8/20/06</u>

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILES, JOHN 14830 CORAL BERRY DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKHAM-MOORE, LISA 1614 CROSSRIDGE DR BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CECIL, CARRIE 3923 W NASSAU ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD JACKSON, JIMMIE 2001 E EMUA ST TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000575778  
08/21/06-90004-008 70.00

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: <u>Karan Buford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>8/20/06</u> DAYTIME PHONE # <u>813 960 9241</u>