

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004401

FILED
Apr 14, 2009
Secretary of State

Entity Name: TRUE FAITH INSPIRATIONAL BAPTIST CHURCH, INC.

Current Principal Place of Business:

2526 W SLIGH AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2526 W SLIGH AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3248240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILES, JOHN
14830 CORAL BERRY DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

GILES, JOHN L
14830 CORAL BERRY DRIVE
TAMPA, FL 33626 US

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.

SIGNATURE: JOHN L. GILES

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILES, JOHN
Address: 14830 CORAL BERRY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: T () Delete
Name: BECKHAM-MOORE, LISA
Address: 1614 CROSSRIDGE DR
City-St-Zip: BRANDON, FL 33510

Title: SD () Delete
Name: BUFORD, ANDREA E
Address: 4208 BRENTWOOD PARK CR
City-St-Zip: TAMPA, FL 33624

Title: PVD () Delete
Name: JACKSON, JIMMIE
Address: 2001 E EMMA STREET
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: POWELL, ANGELIQUE J
Address: 10745 SKEWLEE RD
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: POWELL, ANGELIQUE J
Address: 10745 SKEW LEE ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: SD (X) Change () Addition
Name: BUFORD, ANDREA E
Address: 5312 N. SUWANEE AVE
City-St-Zip: TAMPA, FL 33603

Title: PVD (X) Change () Addition
Name: BROWN, CURTIS
Address: 2110 E. GENESSEE
City-St-Zip: TAMPA, FL 33610

Title: S (X) Change () Addition
Name: GILES, JOVANOIRE
Address: 14830 CORAL BERRY DRIVE
City-St-Zip: TAMPA, FL 33626

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: ANDREA E. BUFORD

SD

04/14/2009

Electronic Signature of Signing Officer or Director

Date