

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90011 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004308

1. Corporation Name

GRACE AND TRUTH FELLOWSHIP, INC.

Principal Place of Business

16110 US HWY 301 S
WIMAUMA FL 33598
US

Mailing Address

P.O. BOX 2083
RIVERVIEW FL 33569

617411-90011-45



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

- 09/06/1995

4. FEI Number

59-3334435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOWELL, REV. ERNEST R JR
13312 SILVER CREEK DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOWELL, REV. ERNEST R JR	
STREET ADDRESS	13312 SILVER CREEK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HOWELL, JENELSIE O	
STREET ADDRESS	13312 SILVER CREEK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	TURNER, DAHYRL E	
STREET ADDRESS	1909 COCO MEADOW CIR #307	
CITY-ST-ZIP	BRANDON FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SMITH, ELD. CLAUDE E JR	
STREET ADDRESS	2127 UNION ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SMITH, VIVIAN L	
STREET ADDRESS	2127 UNION ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DaHyrl E. Turner* **9/12/99** **813-633-5404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011963

CR2E037 (5/99)