## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N9500004308 May 15, 2000 8:00 am Secretary of State 1. Entity Name GRACE AND TRUTH FELLOWSHIP, INC. 05-15-2000 90144 040 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 2083 16110 US HWY 301 S RIVERVIEW FL 33568-2083 WIMAUMA FL 33598 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4 FELNumber City & State City & State 59-3334435 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOWELL, REV. ERNEST R JR 13312 SILVER CREEK DRIVE **RIVERVIEW FL 33569** Zip Code City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees ... Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE HOWELL, REV. ERNEST R JR NAME NAME 13312 SILVER CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 Addition ☐ Change ☐ Delete TITLE TITLE HOWELL, JENELSIE O NAME STREET ADDRESS STREET ADDRESS 13312 SILVER CREEK DRIVE CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Addition DΤ ☐ Delete TITLE TURNER, DAHRYL E NAME TURNER, DAHYRL E NAME 10318 ZACKARY CIR #158 STREET ADDRESS 1909 COCO MEADOW CIR #307 STREET ADDRESS RIVERVIEW, FL 33569-3998 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** Change ☐ Addition TITLE DVP ☐ Delete TITLE SMITH, ELD. CLAUDE E JR NAME NAME STREET ADDRESS STREET ADDRESS 2127 UNION ST S CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change ☐ Addition TITLE ☐ Delete NAME SMITH, VIVIAN L NAME STREET ADDRESS STREET ADDRESS 2127 UNION ST S CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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

SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #

changed, or on an attachment with an address, with all other like empowered