


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90080 017 \*\*\*\*61.25

<b>DOCUMENT # N95000004308</b>			
1. Entity Name <b>GRACE AND TRUTH FELLOWSHIP, INC.</b>			
Principal Place of Business <b>708 BROCKTON PLW SUN CITY CENTER, FL 33573 US</b>		Mailing Address <b>P.O. BOX 2083 RIVERVIEW, FL 33569</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3334435**

Applied For  
Not Applicable

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	
<b>HOWELL, REV. ERNEST R JR 13312 SILVER CREEK DRIVE RIVERVIEW, FL 33569</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, REV. ERNEST R JR</b>	NAME	
STREET ADDRESS	<b>13312 SILVER CREEK DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, JENELSIE O</b>	NAME	
STREET ADDRESS	<b>13312 SILVER CREEK DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, DAHYRL E</b>	NAME	
STREET ADDRESS	<b>708 BROCKTON PLACE WEST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ELD. CLAUDE E JR</b>	NAME	
STREET ADDRESS	<b>2127 UNION ST S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33712</b>	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, VIVIAN L</b>	NAME	
STREET ADDRESS	<b>2127 UNION ST S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33712</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **4/12/07 813 633-5404**  
Date Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR