

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90149 045 ****61.25

DOCUMENT # N95000004308

1. Entity 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

11032106



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3334435**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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
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	10348 ZACKARY CIR #150 708 Brookdon Pl W.	
CITY-ST-ZIP	RIVERVIEW FL 33569-3008 Sun City Center FL 33573	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
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 changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

813 633-5404

CR2E037 (10/02)