

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000684

**Entity Name:** CHURCH OF TRUE BELIEVERS INCORPORATED**Current Principal Place of Business:**829 N.E. PATTERSON AVE.  
LAKE CITY, FL 32055**Current Mailing Address:**829 N PATTERSON AVE  
LAKE CITY, FL 32055 US**FEI Number:** 02-0572811**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRIFFIN, PEARL  
829 N.E. PATTERSON  
LAKE CITY, FL 32055 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	GRIFFIN, PEARL
Address	829 N.E. PATTERSON AVENUE
City-State-Zip:	LAKE CITY FL 32055

Title	PD
Name	GRIFFIN, CALVIN D
Address	108 S.E. 13TH LANE
City-State-Zip:	GAINESVILLE FL 32601

Title	T
Name	GRIFFIN, ORICE
Address	829 N.E. PATTERSON AVENUE
City-State-Zip:	LAKE CITY FL 32055

Title	P
Name	ANDERSON, ANGELIA L
Address	1224 SE 8TH PLACE
City-State-Zip:	GAINESVILLE FL 32641

Title	TREASURER
Name	LAKE, MONICA L
Address	1138 NE 21ST COURT
City-State-Zip:	GAINESVILLE FL 32641

Title	SECRETARY
Name	HUNTER, KAREN D
Address	2510 NE 9TH STREET 710
City-State-Zip:	GAINESVILLE FL 32609

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANGELIA ANDERSON**PASTOR****04/25/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date