FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739645 (0)

1. Corporation Name
METROPOLITAN CATHEDRAL OF TRUTH, INC.

Principal Place of Business	Mailing Address
601 MICCOSUKEE ROAD P O BOX 3251 TALLAHASSEE FL 32315	601 MICCOSUKEE ROAD P O BOX 3251 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1977
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-1949767 — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

KNOWLES, HAROLD
528 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: MALCOLM K. BARRINGTON
82 Street Address (P.O. Box Number is Not Acceptable): 6245 HINES HILL CIRCLE
83
84 City: TALLAHASSEE — FL — 85 Zip Code: 32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Malcolm K. Barrington — 2/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	CD	☑ Change ☐ Addition
NAME	BARRINGTON, HELENA	1.2 NAME		
STREET ADDRESS	3372 BARROW HILL TRAIL	1.3 STREET ADDRESS	6245 HINES HILL CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	BARRINGTON, MALCOLM K.	2.2 NAME		
STREET ADDRESS	3372 BARROW HILL TRAIL	2.3 STREET ADDRESS	6245 HINES HILL CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, MARY C.	3.2 NAME	TLS. 3/17/95	
STREET ADDRESS	1906 CROYDON DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	600001435596	☐ Change ☐ Addition
NAME	BARRINGTON, MICHAEL K.	4.2 NAME	-03/21/95--01150-020	
STREET ADDRESS	929 CHESTWOOD DRIVE	4.3 STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	2300 WEST INDIANHEAD	
TITLE	D	5.1 TITLE	TD	☐ Change ☑ Addition
NAME	ROLLINS, VERNON M.	5.2 NAME	DEBORAH L. ROBINSON	
STREET ADDRESS	1690 MISSION ROAD	5.3 STREET ADDRESS	909 VOLUSIA STREET	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MCMILLIAN, NORMAN F.	6.2 NAME	DELETE	
STREET ADDRESS	0475 SOUTH PARK DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Deborah L. Robinson — 2/21/95 — 681-9763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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