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FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 07/13/1977

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 601 Miccosukee Road	26 P.O. Box 3251
22 Suite, Apt. #, etc.	27 Suite, Apt #, etc.
23 Tallahassee, Florida	28 Tallahassee, Florida
24 Zip 32308 / 25 Country USA	29 Zip 32315 / 30 Country USA

9. Name and Address of Current Registered Agent

BARRINGTON,MALCOM K.
6245 HINES HILL CIRCLE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BARRINGTON, HELENA		1.2 NAME	Josephine Bronson-Vickers	
STREET ADDRESS	6245 HINES HILL CIRCLE		1.3 STREET ADDRESS	120 White Drive, Apt. G-43	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BARRINGTON, MALCOLM K.		2.2 NAME	Lee Lyons	
STREET ADDRESS	6245 HINES HILL CIRCLE		2.3 STREET ADDRESS	302 Belmont Road	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	CLAYTON, MARY C.		3.2 NAME	Garay Simmons	
STREET ADDRESS	1906 CROYDON DRIVE		3.3 STREET ADDRESS	3474 Gardenview Way	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	BARRINGTON, MICHAEL K.		4.2 NAME	Dorothy Simmons	
STREET ADDRESS	2300 WEST INDIANHEAD		4.3 STREET ADDRESS	3474 Gardenview Way	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, DEBORAH L.		5.2 NAME		
STREET ADDRESS	909 VOLUSIA STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 DEBORAH L ROBINSON 4/29/98 850 681-9763