2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90001 037 ****70.00

DOCUMENT # 739645

1. Entity Name

METROPOLITAN CATHEDRAL OF TRUTH, INC.

Principal Place of Business	Mailing Address
601 MICCOSUKEE ROAD TALLAHASSEE FL 32308 US	P.O. BOX 3251 TALLAHASSEE FL 32315-3251 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1110 RICHBAY ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAVANA, FLORIDA	City & State
Zip: 32333 Country: US	Zip Country

4. FEI Number: 59-1949767 ☐ 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
BARRINGTON,MALCOM K. 6245 HINES HILL CIRCLE TALLAHASSEE FL 32312	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.

SIGNATURE: Malcolm K. Barrington MALCOM K. BARRINGTON 3/16/00
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BARRINGTON, HELENA 6245 HINES HILL CIRCLE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYONS, LEE 4345 COOL EMERALD DRIVE TALLAHASSEE, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARRINGTON, MALCOLM K. 6245 HINES HILL CIRCLE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, GARRY 3474 GARDENVIEW WAY TALLAHASSEE, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLAYTON, MARY C. 1906 CROYDON DRIVE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, DOROTHY 3474 GARDENVIEW WAY TALLAHASSEE, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRINGTON, MICHAEL K. 2300 WEST INDIANHEAD TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBINSON, DEBORAH L. 909 VOLUSIA STREET TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRONSON-VICKERS, JOSEPHINE 120 WHITE DRIVE, APT G-43 TALLAHASSEE FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 an address, with all other like empowered.

SIGNATURE: Deborah L. Robinson DEBORAH L. ROBINSON 04/01/00 850 681-9763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #