

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739645

FILED
Apr 26, 2006
Secretary of State

Entity Name: METROPOLITAN CATHEDRAL OF TRUTH, INC.

Current Principal Place of Business:

1110 RICHBAY ROAD
HAVANA, FL 32333 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3251
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-1949767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARRINGTON, MALCOLM K
6245 HINES HILL CIRCLE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYONS, LEE
Address: 4345 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SIMMONS, GARRY
Address: 3474 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: SIMMONS, DOROTHY
Address: 3474 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BARRINGTON, MICHAEL K
Address: 2300 WEST INDIANHEAD
City-St-Zip: TALLAHASSEE, FL

Title: TD () Delete
Name: ROBINSON, DEBORAH L
Address: 1111 MERCER DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: CLAYTON, MARY
Address: 1906 CROYDON DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROBINSON, DEBORAH L
Address: P.O. BOX 3986
City-St-Zip: TALLAHASSEE, FL 32315

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBORAH L. ROBINSON

TD

04/26/2006

Electronic Signature of Signing Officer or Director

Date