2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 739645

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:	6777 HEARTLAND CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	SIMMONS, DOROTHY	
Address:	6777 HEARTLAND CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	BARRINGTON, MICHAEL K	
Address:	2300 WEST INDIANHEAD	
City-St-Zip:	TALLAHASSEE, FL	
Title:	TD	( ) Delete
Name:	ROBINSON, DEBORAH L	
Address:	P.O. BOX 3986	
City-St-Zip:	TALLAHASSEE, FL 32315	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 03/20/2009

Electronic Signature of Signing Officer or Director — Date