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FILED
May 20 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 # N97000001001 (3)

1. Corporation Name

INQUIRY SHARING THE TRUTH, INC

Principal Place of Business	Mailing Address
116 STERLING CT SANFORD FL 32771	P O BOX 671 SANFORD FL 32771

3. Date Incorporated or Qualified: 02/21/1997

4. FEI Number: 59-3451690 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 - Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

PATTERSON, SHARON R
116 STERLING CT
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: Robin R. Riggins
82 Street Address (P.O. Box Number is Not Acceptable): 401 W. Seminole Blvd., Apt. 100
83
84 City: Sanford FL 85 Zip Code: 32771

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: Robin R. Riggins → Robin R. Riggins 04/17/98
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	~~President~~ CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Sharon R. Patterson		1.2 NAME		
STREET ADDRESS	116 Sterling CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32771		1.4 CITY-ST-ZIP		
TITLE	President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Robin Riggins		2.2 NAME		
STREET ADDRESS	401 W. Seminole Blvd., Apt. 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32771		2.4 CITY-ST-ZIP		
TITLE	Secretary/Treasurer	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Connie Robinson-Morton		3.2 NAME		
STREET ADDRESS	7907 River Ridge Dr.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33637		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Edwina Pigee		4.2 NAME		
STREET ADDRESS	1171 E. Normandy Blvd.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Deltona, FL 32725		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Lottie M. Wansley		5.2 NAME		
STREET ADDRESS	105 Sterling St.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32771		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Dian P. Jones		6.2 NAME		
STREET ADDRESS	P.O. Box 120 (2251 E 20th St)		6.3 STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32771		6.4 CITY-ST-ZIP		

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: [illegible] 04/17/98 407-323-7113

CR2E037 (10/97)