

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90006 013 ****61.25

DOCUMENT # N97000001001

1. Corporation Name

INQUIRY SHARING THE TRUTH, INC

Principal Place of Business

116 STERLING CT
SANFORD FL 32771

Mailing Address

P O BOX 671
SANFORD FL 32771



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

RIGGINS, R R
401 W SEMINOLE BLVD
APT 100
SANFORD FL 32771

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CEO
PATTERSON, S
116 STERLING CT
SANFORD FL 32771

13. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
RIGGINS, R
401 W SEMINOLE BLVD, APT 100
SANFORD FL 32771

14. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
MORTON, C
7907 RIVER RIDGE DR
TAMPA FL 33677

15. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PIGEE, E
1171 E NORMANDY BLVD
DETONA FL 32725

16. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
WANSLEY, L M
105 STERLING ST
SANFORD FL 32771

17. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
JONES, D P
POB 1201
SANFORD FL 32771

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE: *[Signature]* **RECEIVED** *[Signature]* **7/10/99** *(813) 988-0812*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001119

CR2E037 (5/99)