2000 UNIFORM BUSINESS REPORT (UBR)

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # N9700001001 Aug 23, 2000 8:00 am Secretary of State 1. Entity Name INQUIRY SHARING THE TRUTH, INC 08-23-2000 90030 015 ****61.25 Principal Place of Business Mailing Address 116 STERLING CT P O BOX 671 SANFORD FL 32771 SANFORD FL 32771 RUUTIMALV 2. Principal Place of Business 3. Mailing Address 2400 Chase Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FFI Number 59-3451690 Not Applicable Sanford. Fiorida \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired USA 32773 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Röbin K. Ridgins Street Address (P.O. Box Number is Not Acceptable) RIGGINS, R R 116 Sterling Court 401 W SEMINOLE BLVD APT 100 City Sanford Zip Code SANFORD FL 32771 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. Robin R. Riggins SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE 1S \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CEO ☐ Addition TITLE TITI F T Change ☐ Delete PATTERSON, S NAME NAME Robin R.Riggins STREET ADDRESS 116 Sterling Court STREET ADDRESS 116 STERLING CT CITY-ST-7iP CITY-ST-7IP SANFORD FL 32771 Sanford, FL 32771 Change ☐ Addition TITLE ☐ Delete TITLE RIGGINS, R NAME NAME STREET ADDRESS 401 W SEMINOLE BLVD, APT 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ST ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME MORTON, C NAME STREET ADDRESS 7907 RIVER RIDGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33677** D TITLE Change Addition TITLE ☐ Delete PIGEE. E STREET ADDRESS 1171 E NORMANDY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DETONA FL 32725 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WANSLEY, L M NAME NAME STREET ADDRESS 105 STERLING ST STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITE F JONES, D P NAME NAME STREET ADDRESS **POB 120** STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP SANFORD FL 32771 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 of 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.

Davtime Phone #