2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000002432

Entity Name: THE CENTRAL TRUTH MINISTRIES, INC.

Current Principal Place of Business:

4085 BOTHWELL TERR
TALLAHASSEE, FL 323178548

New Principal Place of Business:

1931 WELBY WAY STE 4
TALLAHASSEE, FL 32308

Current Mailing Address:

4085 BOTHWELL TERR
TALLAHASSEE, FL 323178548

New Mailing Address:

1931 WELBY WAY STE 4
TALLAHASSEE, FL 32308

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, ABE
4085 BOTHWELL TERR
TALLAHASSEE, FL 323178548 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: PD ( ) Delete
Name: JOHNSON, ABE
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 323178548

Title: ST ( ) Delete
Name: JOHNSON, MITIE P
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 323178548

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMD (X) Change ( ) Addition
Name: JOHNSON, ABE DR
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 323178548

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

Title: D ( ) Change (X) Addition
Name: SMITH CHAPEL AOH CHU, RCH. INC
Address: 1931 WELBY WAY STE 4
City-St-Zip: TALLAHASSEE, FL 32308

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: DR ABE JOHNSON PMD 04/28/2006
Electronic Signature of Signing Officer or Director — Date