

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739645

**Entity Name:** METROPOLITAN CATHEDRAL OF TRUTH, INC.**Current Principal Place of Business:**1110 RICHBAY ROAD  
HAVANA, FL 32333**Current Mailing Address:**P.O. BOX 182799  
TALLAHASSEE, FL 32318 US**FEI Number:** 59-1949767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARRINGTON, MALCOLM K  
6245 HINES HILL CIRCLE  
TALLAHASSEE, FL 32312 US*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

**Officer/Director Detail :**

Title D  
Name BARRINGTON, MICHAEL K  
Address P.O. BOX 182799  
City-State-Zip: TALLAHASSEE FL 32318

Title S  
Name SCHLOSS, DELYCYNTH  
Address P.O. BOX 182799  
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR  
Name BROWN, REBECCA  
Address PO BOX 182799  
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR  
Name TURNER, HENRY  
Address P.O. BOX 182799  
City-State-Zip: TALLAHASSEE FL 32318

Title D  
Name BROWN, SR., SHERWOOD L  
Address P.O. BOX 182799  
City-State-Zip: TALLAHASSEE FL 32318

Title PRESIDENT  
Name BARRINGTON, MALCOLM K  
Address 1110 RICHBAY ROAD  
City-State-Zip: HAVANA FL 32333

Title DIRECTOR  
Name SHARPE, KARUSHA  
Address P.O. BOX 182799  
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR  
Name TURNER, CELESTINE  
Address P.O. BOX 182799  
City-State-Zip: TALLAHASSEE FL 32318

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*I hereby 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 all other like empowered.*

**SIGNATURE:** MALCOLM K BARRINGTON**PRESIDENT****01/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	STRINGER, LINDA KIMBROUGH
Address	P.O. BOX 182799
City-State-Zip:	TALLAHASSEE FL 32318