

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# 739645

Jan 31, 2023

Entity Name: METROPOLITAN CATHEDRAL OF TRUTH, INC.

**Secretary of State
9766894532CC**

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 D
Name BROWN, SR., SHERWOOD L
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 PRESIDENT
Name BARRINGTON, MALCOLM K
Address 1110 RICHBAY ROAD
City-State-Zip: HAVANA FL 32333

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

Title DIRECTOR
Name SHARPE, KARUSHA
Address P.O. 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 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