

2016 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, HELENA
Address 6245 HINES HILL CIRCLE
City-State-Zip: TALLAHASSEE FL 32312Title D
Name SIMMONS, GARRY
Address 6777 HEARTLAND CIRCLE
City-State-Zip: TALLAHASSEE FL 32312Title D
Name SIMMONS, DOROTHY
Address 6777 HEARTLAND CIRCLE
City-State-Zip: TALLAHASSEE FL 32312Title D
Name BARRINGTON, MICHAEL K
Address 2300 WEST INDIANHEAD
City-State-Zip: TALLAHASSEE FLTitle D
Name BROWN, SHERWOOD LSR
Address 7804 PRESERVATION ROAD
City-State-Zip: TALLAHASSEE FL 32312Title S
Name SCHLOSS, DELCYNTH
Address 1146 HIGH MEADOW DR.
City-State-Zip: TALLAHASSEE FL 32311Title PRESIDENT
Name BARRINGTON, MALCOLM K
Address 1110 RICHBAY ROAD
City-State-Zip: HAVANA FL 32333

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: GARRY SIMMONS**BOARD MEMBER****02/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date