

2025 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: LINDA STRINGER**BOARD MEMBER****02/12/2025**_____
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