

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 15, 2008**  
**Secretary of State**

DOCUMENT# 707754

**Entity Name:** UNITY TRUTH CENTER INC**Current Principal Place of Business:**5844 PINE HILL ROAD  
PORT RICHEY, FL 346686616**New Principal Place of Business:****Current Mailing Address:**5844 PINE HILL ROAD  
PORT RICHEY, FL 346686616**New Mailing Address:****FEI Number:** 59-1067522**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DAMARIO, COLLEEN R ADMIN.  
5844 PINE HILL ROAD  
PORT RICHEY, FL 346686616 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:** WILSON, LUTHER R  
**Address:** 9346 BUTLER BLVD  
**City-St-Zip:** WEEKI WACHEE, FL 34613**Title:** VD ( ) Delete  
**Name:** COX, BOB  
**Address:** 10314 ANDRE BOULEVARD  
**City-St-Zip:** HUDSON, FL 34667**Title:** TD ( ) Delete  
**Name:** MOECKEL, RICHARD  
**Address:** 1261 PINE RIDGE CIRCLE WEST A-2  
**City-St-Zip:** TARPON SPRINGS, FL 34688**Title:** SD ( ) Delete  
**Name:** MILLER, GENEVIVE  
**Address:** 7530 TANGLEWOOD DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34654**Title:** D ( ) Delete  
**Name:** FLOYD, ANNE C  
**Address:** 15020 JOHANNSON AVENUE  
**City-St-Zip:** HUDSON, FL 34667**Title:** D ( ) Delete  
**Name:** GREENWOOD, CLARENCE  
**Address:** 6848 TREEHAVEN DRIVE  
**City-St-Zip:** SPRING HILL, FL 34606**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VD (X) Change ( ) Addition  
**Name:** LAMBERT, ROSE  
**Address:** 1402 CANBERLY COURT  
**City-St-Zip:** TRINITY, FL 34655**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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: LUTHER R. WILSON

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date