FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:32

DOCUMENT # 709363 (6)

1. Corporation Name
THE CHURCH OF JESUS CHRIST IN TRUTH, INC.

Principal Place of Business	Mailing Address
RT. 5, BOX 135A, LOT #20 QUINCY FL 32351	RT. 5, BOX 135A, LOT #20 QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1965
3a. Date of Last Report: 04/13/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: Same	20 2a. Mailing Address: Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Same	26 City & State: Same
24 Zip / 25 Country: Same	29 Zip / 30 Country: same

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, A.D.
10265 F.A. ASH WAY
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON A.D. BISHOP	1.2 NAME	
STREET ADDRESS	10265 F.A. ASH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MARY M.	2.2 NAME	
STREET ADDRESS	10265 F.A. ASH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, JESSIE	3.2 NAME	
STREET ADDRESS	RT. 3, BOX 5698	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANNA FL	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, H.	4.2 NAME	
STREET ADDRESS	2919 OLD DIXIE HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, KENNETH	5.2 NAME	
STREET ADDRESS	2919 OLD DIXIE HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, A.D., JR.	6.2 NAME	
STREET ADDRESS	612 4TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bishop A.D Wilson 2-2-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Electronic Filing #

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