

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32351-8319



3. Date Incorporated or Qualified
07/26/1965

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WILSON A.D. BISHOP
STREET ADDRESS 10265 F.A. ASH WAY
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME WHITE, MARY M.
STREET ADDRESS 10265 F.A. ASH WAY
CITY-ST-ZIP TALLAHASSEE FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GRANT, JESSIE
STREET ADDRESS RT. 3, BOX 5698
CITY-ST-ZIP HAVANNA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME MORRIS, H.
STREET ADDRESS 2919 OLD DIXIE HWY
CITY-ST-ZIP KISSIMMEE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME JONES, KENNETH
STREET ADDRESS 2919 OLD DIXIE HWY
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WILSON, A.D., JR.
STREET ADDRESS 612 4TH ST
CITY-ST-ZIP QUINCY FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

700002108417
-03/10/97--01081--013
***61.25

VB 3-10

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

CR2E037 (9/96)