## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

2. Principal Place of Business

DOCUMENT #

2a. Mailing Address

26

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

## **FILED** Mar 10 1998 8:00am Secretary of State



3. Date incorporated or Qualified

NOT APPLICABLE

07/26/1965

5. Certificate of Status Desired

4. FEI Number

Suite, Apt 22	i. #, eic.	Suite, Apt.	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00   Added to		
City & Sta	ate	City & Sta	ta						
23		28				7. Is this nonprofit corporation a hor	Yes No	nz	
Zip	Country	Zip	`c	Country		8. This corporation owes or has paid	the current year Inf	angible	
24	25	29	30			Personal Property Tax due June 30.  Yes No			
~	9. Name and Address of Curre	ent Registered Ager	nt			10. Name and Address of New Regi	stered Agent		
				81	Name				
WILSON, A.D. 10265 F.A. ASH WAY				82	Street Add	ress (P.O. Box Number is Not Acceptable	<u> </u>		
				-	Olloot Addi	030 (1 .O. DOX Hamber to Not Acceptable	<i>'</i>		
	HASSEE FL 32311			83					
				84	016.		(a=1) ==	^	
					City		<u>FL</u>	Code	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Fk	orida Statutes, the	above	-named corp	poration submits this statement for the put tion's board of directors. I hereby accept	pose of changing it	s registered	
agent. I:	am familiar with, and accept the obli	gations of, Section 6	17.0503, Florida S	Statutes	i,	ion a board of directors. Thereby accept	no appointment as	i o Allatoi an	
SIGNATURE									
	Signature, typed or printed name of registered a				nt signature requir	red when reinstating)	DATE		
12.	<del></del>	ND DIRECTORS	1			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	نـا	DELETE 1.	1 TITLE	J		Change	Addition	
NAME	WILSON A.D. BISHOP		12	2 NAME	Ì				
STREET ADDRESS	10265 F.A. ASH WAY		1.	3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			4 CITY-ST	T-ZIP	<u>.</u>			
TITLE	C		DELETE 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		Ž.	4 CITY-S	T-ZIP				
TITLE	D		DELETE 3.	1 TITLE			☐ Change	Addition	
NAME	GRANT, JESSIE		3.	2 NAME	ļ				
STREET ADDRESS	RT. 3, BOX 5698		3.	3 STAEET	ADDRESS				
CITY-ST-ZIP	HAVANNA FL		3.	4. CITY-S	T- ZIP				
TITLE	C			1 TITLE			☐ Change	Addition	
NAME	MORRIS, H.		4.	2 NAME	İ		-		
STREET ADDRESS	2919 OLD DIXIE HWY		1 4	3 STREET	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL			4 CITY-S1					
TITLE	D			TITLE			Change	Addition	
NAME	JONES, KENNETH	_	<b>1</b> -	2 NAME					
STREET ADDRESS	2919 OLD DIXIE HWY			STREET	ADORESS	•			
	KISSIMMEE FL				- 1	*			
CITY-ST-ZIP	D	<del></del>		I CITY-ST I TITLE	- 24.		Change	Addition	
NAME	WILSON, A.D., JR.		I -	NAME				الإيانيون بي	
	612 4TH ST				*DODCCC	+ 9			
STREET ADDRESS	QUINCY FL			STREET		V.			
CITY-ST-ZIP	I WUINUT FL		<b>■</b> 6/	I CITY - ST	_7ID				

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.

ARBEST PROMETER

Applied For

\$8.75 Additional

Fee Required

Not Applicable