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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morseham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

709363

1. Corporation Name

THE Church of Jesus Christ IN TRUTH INC

Principal Place of Business

Mailing Address

RT 5
Box 135A Quincy Florida-32351

3. Date Incorporated or Qualified

26 day of July 1965

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

12a. Mailing Address

21 Church of Jesus Christ in Truth 301 Magnolia St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10265 F.A. Ash Way

27 301 Magnolia St

City & State

City & State

23 Quincy FL

28 Altamonte Spgs, FL

Zip

Country

Zip

Country

24 32311

25 Gadsden

29 32701

30 Sempron

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.D. WILSON SR.
10265 F.A. ASH WAY
TALLAHASSEE FL-32311

81 Name Bishop Sherman Morse

82 Street Address (P.O. Box Number is Not Acceptable)

301 Magnolia St

83 301 Magnolia St or P.O. Box 150-554-

84 City Altamonte Springs

FL 85 Zip Code 32701

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 Bishop Sherman Morse

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Bishop, Sherman Morse ☐ DELETE

NAME Sherman Morse - PASTOR

STREET ADDRESS 301 Magnolia St

CITY-ST-ZIP Altamonte Spring Florida 32701

TITLE T ☐ DELETE

NAME TROSTIE

STREET ADDRESS 612 4th Quincy 71A

CITY-ST-ZIP 32351-3822

TITLE J.R. State Bishop ☐ DELETE

NAME Rev. Robert C. Brown

STREET ADDRESS 4507 College

CITY-ST-ZIP Orlando FL 32814

TITLE T ☐ DELETE

NAME Aaron Orison - Trustee

STREET ADDRESS RT 5 Box 185 A Lot 20

CITY-ST-ZIP Quincy FL 32351

TITLE T ☐ DELETE

NAME Deccon

STREET ADDRESS vintil Smith Quacy

CITY-ST-ZIP Rt 2 box 3700 32351

TITLE T ☐ DELETE

NAME Robert Daniel

STREET ADDRESS 32333

CITY-ST-ZIP PO Box 1094 Maanata

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Recording Sec.

1.2 NAME Willie Mat Smith

1.3 STREET ADDRESS Rt 2 box 3700

1.4 CITY-ST-ZIP Quincy FL 32351

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied in 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 supplement 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 Sherman Morse Aug 3, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-834-2887
407-339-9302

Daytime Phone #

CR2E037 (10/97)