

2000 UNIFORM BUSINESS REPORT (UBR)

006630

DOCUMENT # 709363

1. Entity Name

THE CHURCH OF JESUS CHRIST IN TRUTH, INC.

APPROVED
AND
FILED

00 MAR -8 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10265 F.S. ASH WAY TALLAHASSEE FL 32311	10265 F.S. ASH WAY TALLAHASSEE FL 32311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
QUINCY, FL 32351	10265 F.A. Ash-way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#25 Wilson Street	Tallahassee, FL
City & State (Robertville)	City & State
Zip	Country
Country	Zip 32311
Country	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

MOORE, JASPER A PASTOR
RT 4 ANCIENT OAK RD
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name Robert Daniel
Street Address (P.O. Box Number is Not Acceptable)
RT 2 Box 137
Havana, Florida 32333
City FL Zip Code

8. 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 Robert Daniels 3/2/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	MOORE, JASPER A PASTOR	<input checked="" type="checkbox"/> Delete
NAME		RT 4 ANCIENT OAK RD	
STREET ADDRESS		HAVANA FL 32333	
CITY-ST-ZIP			
TITLE	TR	WILSON, A.D.	<input type="checkbox"/> Delete
NAME		612 4TH STREET	
STREET ADDRESS		QUINCY FL 32351-3822	
CITY-ST-ZIP			
TITLE	SB	GRANT, JESSE	<input checked="" type="checkbox"/> Delete
NAME		200 GREENMEADOW CT APT 35 Expired	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			
TITLE	TR	WILSON, AARON	<input type="checkbox"/> Delete
NAME		78 WILSON STREET	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			
TITLE	SD	WILSON, MARY W	<input type="checkbox"/> Delete
NAME		10265 F.S. ASH WAY	
STREET ADDRESS		TALLAHASSEE FL 32311	
CITY-ST-ZIP			
TITLE	TRT	DANIELS, ROBERT	<input type="checkbox"/> Delete
NAME		P.O. BOX 1094	
STREET ADDRESS		HAVANA FL	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Dec. Robert Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 1094	
STREET ADDRESS	Havana, FL, 32333	
CITY-ST-ZIP		
TITLE	Tr Virgil Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RT 2 Box 370-D	
STREET ADDRESS	Quincy, FL 32351	
CITY-ST-ZIP		
TITLE	200003170072--5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-03/14/00--01126--012	
STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP		
TITLE	LS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE MOORE JASPER A PASTOR 3/3/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)