2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 709363 The Church of Jesus Christ in Truth INC. 01 APR -6 PM 4: 25 Principal Place of Business Duincy FL (Robertville Mailing A Mail to 10265 F.A. Ash. way SECRETARY OF STATE TALLAHASSEE, FLORIDA Tallahassee 46.32311 3. Mailing_Addres Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert Daniel The Church of Jesus Christ in Truth 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 (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D. Robert Daniel TITLE TITLE Lillilli - Lillilli - Addition NAME NAME -04/17/01--01111--018 Route 2 Box 137 STREET ADDRESS Havana 71, 32333 STREET ADDRESS *******61.25 ******61.25 CITY-ST-ZIP CITY-ST-7IP R. A.D. Wilson fr TITL F TITLE Change Addition 4th Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition 18 Route 2 Box 370D. NAME No Change STREET ADDRESS STREET ADDRESS Duincy, 71, 32351 CITY-ST-ZIP CITY- ST-ZIP T. Arron Wilson TITLE ☐ Delete Change Addition NAME 18 Wilson St Duincy 71. 32351 NAME STREET ADDRESS # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 5D Mary W. Wilson Zi Change ☐ Addition NAME STREET ADDRESS 102657 A. ASh-Way NAME STREET ADDRESS Tallahassee, H. 32311 CITY-ST-ZIP CITY-ST-ZIP TRIT Robert Daniel TITLE TITLE 2 Change NO ☐ Addition NAME NAME STREET ADDRESS Route 2 Box 137 CITY-ST-ZIP Havaka IL, 32333 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.

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:

May W. W. Ison 44/6/2001. 878-2968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daylime Phone #