

2002 UNIFORM BUSINESS REPORT (UBR)

0061362

DOCUMENT # 709363

1. Entity Name

THE CHURCH OF JESUS CHRIST IN TRUTH, INC.

Principal Place of Business

10265 F.A. ASH-WAY
TALLAHASSEE FL 32311

Mailing Address

10265 F.A. ASH-WAY
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, ROBERT
RT. 2 BOX 137
HAVANA FL 32333

Name

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

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

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, ROBERT	
STREET ADDRESS	ROUTE 2 BOX 137	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, A.D. JR.	
STREET ADDRESS	612 4TH STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, VIRGIL	
STREET ADDRESS	RT 2 BOX 370-D	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, AARON	
STREET ADDRESS	78 WILSON STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, MARY W	
STREET ADDRESS	10265 F.A. ASH-WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TRT	<input type="checkbox"/> Delete
NAME	DANIEL, ROBERT	
STREET ADDRESS	ROUTE 2 BOX 137	
CITY-ST-ZIP	HAVANA FL 32333	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

Mary W. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/02

CR2E037 (9/01)