

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0066815

DOCUMENT # 709363

1. Entity Name

THE CHURCH OF JESUS CHRIST IN TRUTH, INC.



03 JUN 24 PM 7:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10265 F.A. ASH-WAY  
TALLAHASSEE FL 32311

Mailing Address

10265 F.A. ASH-WAY  
TALLAHASSEE FL 32311

7158 FL/GA HWY  
Havana, FL 32333

Change Rt. 2 Box 137 Havana, FL 32333

2. Principal Place of Business

54 Wilson Drive

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Quincy, FL

City & State

Zip

32351

Country

Zip

Country

Godsden

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

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. I am familiar with, and accept the obligations of registered agent.

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. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME DANIEL, ROBERT  
STREET ADDRESS ROUTE 2 BOX 137 7158 FL/GA HWY  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☐ Addition  
NAME 500021030135  
STREET ADDRESS 06/20/03--01030--004 \*\*66.25  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME WILSON, A.D. JR.  
STREET ADDRESS 612 4TH STREET  
CITY-ST-ZIP QUINCY FL 32351 Expired

TITLE T ☐ Change ☒ Addition  
NAME Theresa Grant  
STREET ADDRESS QUINCY, FL 32351

TITLE T ☐ Delete  
NAME SMITH, VIRGIL  
STREET ADDRESS RT 2 BOX 370-D  
CITY-ST-ZIP QUINCY FL 32351

TITLE T ☐ Change ☒ Addition  
NAME Theresa Grant Apt. 35  
STREET ADDRESS 944 Strong Rd Quincy FL 32351

TITLE T ☐ Delete  
NAME WILSON, AARON  
STREET ADDRESS 78 WILSON STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WILSON, MARY W  
STREET ADDRESS 10265 F.A. ASH-WAY  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRT ☐ Delete  
NAME DANIEL, ROBERT  
STREET ADDRESS ROUTE 2 BOX 137 7158 FL/GA HWY  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)