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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:14

DOCUMENT # 717328 (9)

1. Corporation Name

TRUTH TABERNACLE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 458 3509 WOODLAND ST. PALATKA FL 32177 US	P. O. BOX 458 PALATKA FL 32178-7458 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1969
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1272760 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21: 652 W. Peniel R.D.
22: Suite, Apt. #, etc.
23: City & State: Palatka, FLA.
24: Zip: 32177
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

BLOUNT, ELDEN D.
ROUTE 4, BOX 774, SILVER LAKE ROAD
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name: John A Blount
82 Street Address (P.O. Box Number is Not Acceptable): 652 W Peniel RD.
83:
84 City: Palatka FL 85 Zip Code: 32177

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John A. Blount - President — John A. Blount — 3-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	BLOUNT, JOHN A.	1.2 NAME	Blount, John A.	
STREET ADDRESS	SILVER LAKE DR.	1.3 STREET ADDRESS	652 W. Peniel RD	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	Palatka FLA, 32177	
TITLE	V	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BLOUNT, ELDEN D.	2.2 NAME	Thompson C. Mildred	
STREET ADDRESS	ROUTE 4,BOX 774	2.3 STREET ADDRESS	1000 Husson AVE APT. 324	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	Palatka FLA, 32177	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	REGISTER, RICHARD H.	3.2 NAME	Blount M. Steve	
STREET ADDRESS	3509 WOODLAND ST.	3.3 STREET ADDRESS	RT. 1 Box 3598	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	Palatka FLA, 32177	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	BLOUNT, DONALD D.	4.2 NAME	Blount, Timothy R.	
STREET ADDRESS	1819 S PALM AVENUE	4.3 STREET ADDRESS	RT. 1 Box 3604	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	Palatka FLA, 32177	
TITLE		5.1 TITLE	D	☐ Change ☑ Addition
NAME		5.2 NAME	Blount John A. JR.	
STREET ADDRESS		5.3 STREET ADDRESS	RT Box 1063	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palatka FLA 32177	
TITLE		6.1 TITLE	ST:D	☐ Change ☑ Addition
NAME		6.2 NAME	Register Carol L.	
STREET ADDRESS		6.3 STREET ADDRESS	3509 woodland st	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palatka FLA 32177	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: John A. Blount — John A. Blount — 3-17-95 — 904-325-7496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1448