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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 717328 (9)

1. Corporation Name
TRUTH TABERNACLE, INC.

Principal Place of Business	Mailing Address
652 W. PENIEL RD. PALATKA FL 32177 US	P. O. BOX 458 PALATKA FL 32178-0458 US

3. Date Incorporated or Qualified: 10/09/1969
3a. Date of Last Report: 05/21/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BLOUNT, JOHN A.
652 W. PENIEL RD.
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	S&T	☐ Change ☑ Addition
NAME	BLOUNT, JOHN A.		1.2 NAME	L. CAROL REGISTER	
STREET ADDRESS	652 W. PENIEL RD.		1.3 STREET ADDRESS	3509 WOODLAND ST	
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP	PALATKA, FL. 32177	
TITLE	V	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BLOUNT, ELDEN D.		2.2 NAME	TIMOTHY R. BLOUNT	
STREET ADDRESS	ROUTE 4,BOX 774		2.3 STREET ADDRESS	110 CONERSTONE CIRCLE	
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REGISTER, RICHARD H.		3.2 NAME		
STREET ADDRESS	3509 WOODLAND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	BLOUNT, DONALD D.		4.2 NAME	BLOUNT, DONALD D.	
STREET ADDRESS	1819 S PALM AVENUE		4.3 STREET ADDRESS	107C SESAME ST	
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, C. MILDRED		5.2 NAME		
STREET ADDRESS	1000 HUSSON AVE. #324		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	BLOUNT, STEVE M.		6.2 NAME	BLOUNT, STEVE M.	
STREET ADDRESS	RT 1 BOX 3604 N/A		6.3 STREET ADDRESS	118 CONERSTONE CIRCLE	
CITY-ST-ZIP	PALATKA FL		6.4 CITY-ST-ZIP	PALATKA, FL 32177	

14. I do 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 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.

CR2E037 (9/96)