## FILE NOW: FILING FEE IS \$61.25

## NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

2. Principal Place of Business

652 W. PENIEL RD. PALATKA FL 32177



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TRUTH TABERNACLE, INC.

Mailing Address

2a. Mailing Address

P. O. BOX 458 PALATKA FL 32178-7458

(9)

## **FILED** Apr 17 1998 8:00am Secretary of State

| :                                 |             |
|-----------------------------------|-------------|
| 3. Date Incorporated or Qualified |             |
| 10/09/1969                        |             |
| 4. FEI Number                     | Applied For |

59-1272760

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Not Applicable

| 21                                      |  | 26               |  |   | Fee Required |  |  |
|---|--|------------------|--|---|--------------|--|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. |  |                  | Apt. #, etc.                           |   |              |  | 6. Election Campaign Financing \$5.00 May Be   |
| 22                                      | 27   |                  |  |   |              | Trust Fund Contribution Added to Fees                      |  |
|   | City & State City & State  |                  |  |   |              | 7. Is this nonprofit corporation a homeowners association? |  |
| 23                                      |  | 28               |  | T ==  |              |  | L Yes No   |
| Zip                                     | Country  | Zip              |  | —   | untry        |  | 8. This corporation owes or has paid the current year Intangible   |
| 24                                      | 9. Name and Address of Curren  | 29               | Agent                                  | 30  | τ            |  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  |
|   | S. HAMM SIN MODITION OF CONTROL  | r vaðistaran     | va                                     |   | 81)          | Name   | 10. Halife and Address of Heat Registered Agent  |
| 510151                                  | A. A   |                  |  |   | INDITIO      |  |  |
|   | BLOUNT, JOHN A.  |                  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |              |  |  |
| 652 W. PENIEL RO.                       |  |                  | 83                                     |   |              |  |  |
| PALATE                                  | PALATKA FL 32177   |                  |  | 63  |              |  |  |
|   |  |                  |  |   | 84           | City   | 85 Zip Code  |
| 44 D                                    |  | 0 017 15         | on Classes Otal                        | 45  | 1_1          |  | FL   D   Especial Control   Espe |
| office or                               | to the provisions of Sections 617.050, registered agent, or both, in the State | of Florida, Su   | uo, riorida Statut<br>ich change was i | es, ine a<br>authorize                                | ipove        | the corporati  | oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered  |
| agent. I a                              | am familiar with, and accept the obliga  | ations of, Sect  | tion 617.0503, Flo                     | orida Sta   | itutes       |  | •  |
| SIGNATURE                               |  |                  |  | a-a   |              |  |  |
| 12.                                     | Signature, typed or printed name of registered age<br>OFFICERS AND             |                  |  | 13.   | ed Ager      | aignature require  | ed when rehetating)  OATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE                                   | P  | DIRECTOR         | DELETE                                 | 1.1 7   | TTI F        |  | Change Addition  |
| NAME                                    | BLOUNT, JOHN A.  |                  | C3 vice.                               | •   | IAME         | l  |  |
| STREET ADDRESS                          | 652 W. PENIEL RD.  |                  |  | -12.  |              | VDDAESS .  |  |
| CITY-ST-2MP                             | PALATKA FL   |                  |  | 1   | HTY-ST       |  |  |
| TITLE                                   | V  | <del></del>      | DELETE                                 | 2.1 7   |              | - 2117   | Change Addition  |
| NAME                                    | BLOUNT, ELDEN D.   |                  |  | •   | IAME         |  |  |
| STREET ADDRESS                          | ROUTE 4,BOX 774  |                  |  | _,_ ,,  |              | NDDRESS  |  |
| CITY-ST-ZIP                             | PALATKA FL   |                  |  |   | CITY - S     |  |  |
| TITLE                                   | D  |                  | DELETE                                 | 3.1 T   |              | <u> </u>   | Change Addition  |
| NAME                                    | REGISTER, RICHARD H.   |                  |  | 3.2 N   | IAME         | 1  |  |
| STREET ADDRESS                          | 3509 WOODLAND ST.  |                  |  | 335   | TREET A      | NODRESS  | i  |
| CITY-ST-ZIP                             | PALATKA FL   |                  |  |   | CITY-S'      |  | , ·  |
| TITLE                                   | D  |                  | DELETE                                 | 4.1 T   |              |  | Change Addition  |
| NAME                                    | BLOUNT, DONALD D.  |                  |  | 4.21  | NAME         |  |  |
| STREET ADORESS                          | 107 C SESAME ST  |                  |  | 4.3 S   | TREET A      | NDDRESS  |  |
| CITY-ST-ZIP                             | PALATKA FL   |                  |  | 4.40  | ITY-ST       |  |  |
| TITLE                                   | ST   |                  | DELETE                                 | 5.1 T   | ITLE         |  | ST REGISTER, L. CAROL 3569 WOODLAND ST PALATUR, FL 32/72 Change Addition   |
| NAME                                    | REGISTER, EAROL L  |                  |  | 5.2 N   | IAME         |  | REGISTER, L. CANOL   |
| STREET ADDRESS                          | 3509 WOODLAND ST   |                  |  | 5.3 S   | TREET        | NDDRESS  | 3589 WOODLAND ST   |
| CITY-ST-ZIP                             | PALATKA FL   |                  |  | 5.4 C   | ITY-ST       | - ZIP  | PALATHA, FL 32/77  |
| TITLE                                   | D  |                  | ☐ DELETE                               | 6.1 11  | ITLE         |  | Change Addition  |
| NAME                                    | BLOUNT, STEVE M.   |                  |  | 6.2 N   | IAME         |  |  |
| STREET ADORESS                          | 118 CONERSTONE CIR   |                  |  | 6.3 \$  | TREET A      | iddress  | ,  |
| CITY-ST-ZIP                             | PALATKA FL   |                  |  |   | ITY-ST       |  |  |
| 14. I hereby                            | certify that the information supplied wi                                       | th this filing d | one not qualify to                     | or the ex   | emoti        | on stated in 5   | Section 119 07(3)(i). Florida Statutes I further certify that the Information  |

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 informatio 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.

GNATURE:

GNATURE:

GNATURE:

**SIGNATURE:** 

904 305.7494