

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90092 002 ****61.25

0003726

DOCUMENT # 717328

1. Corporation Name

TRUTH TABERNACLE, INC.

Principal Place of Business

652 W. PENIEL RD.
PALATKA FL 32177
US

Mailing Address

P. O. BOX 458
PALATKA FL 32178-7458
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/09/1969

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

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

P
NAME **BLOUNT, JOHN A.**
STREET ADDRESS **652 W. PENIEL RD.**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE

V
NAME **BLOUNT, ELDEN D.**
STREET ADDRESS **ROUTE 4, BOX 774**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE

D
NAME **REGISTER, RICHARD H.**
STREET ADDRESS **3509 WOODLAND ST.**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE

D
NAME **BLOUNT, DONALD D.**
STREET ADDRESS **107 C SESAME ST**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE

ST
NAME **REGISTER, CAROL L**
STREET ADDRESS **3509 WOODLAND ST**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ DELETE

D
NAME **BLOUNT, STEVE M.**
STREET ADDRESS **118 CONERSTONE CIR**
CITY-ST-ZIP **PALATKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN A. BLOUNT 4-12-99 904 315-7494

CR2E037 (1/98)