


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

|   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
|---|--|---|---|---|--|-------|------|---------------------------------|----------------|---|--|---------------|--|--|-------|------|---------------------------------|----------------|---|--|---------------|--|--|-------|------|---------------------------------|----------------|--|--|---------------|--|--|-------|------|---------------------------------|----------------|--|--|---------------|--|--|-------|------|---------------------------------|----------------|--|--|---------------|--|--|-------|------|---------------------------------|----------------|---|--|---------------|--|--|-------|------|---|----------------|--|--|---------------|--|--|-------|------|---|----------------|--|--|---------------|--|--|-------|------|---|----------------|--|--|---------------|--|--|-------|------|---|----------------|--|--|---------------|--|--|
| <b>DOCUMENT # 717328</b><br>1. Entity Name<br><b>TRUTH TABERNACLE, INC.</b>   |  |   |   |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| Principal Place of Business<br><b>652 W. PENIEL RD.<br/>PALATKA FL 32177<br/>US</b>   |  |   | Mailing Address<br><b>P. O. BOX 458<br/>PALATKA FL 32178-7458<br/>US</b>  |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| City & State  |  | City & State  |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>59-1272760</b>  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee Required</b>   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BLOUNT, JOHN A.<br/>652 W. PENIEL RD.<br/>PALATKA FL 32177</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>BLOUNT, JOHN A.<br/>652 W. PENIEL RD.<br/>PALATKA FL</b></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>BLOUNT, ELDEN D.<br/>111 SILVER LAKE RD<br/>PALATKA FL</b></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>REGISTER, RICHARD H.<br/>3509 WOODLAND ST.<br/>PALATKA FL</b></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>BLOUNT, DONALD D.<br/>109 DOMINGO RD<br/>SATSUMA FL 32189</b></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>REGISTER, CAROL L<br/>3509 WOODLAND ST<br/>PALATKA FL 32177</b></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>BLOUNT, STEVE M.<br/>118 CONERSTONE CIR<br/>PALATKA FL</b></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div> |  |   |   |   |  | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | <b>BLOUNT, JOHN A.<br/>652 W. PENIEL RD.<br/>PALATKA FL</b> |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | <b>BLOUNT, ELDEN D.<br/>111 SILVER LAKE RD<br/>PALATKA FL</b> |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | <b>REGISTER, RICHARD H.<br/>3509 WOODLAND ST.<br/>PALATKA FL</b> |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | <b>BLOUNT, DONALD D.<br/>109 DOMINGO RD<br/>SATSUMA FL 32189</b> |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | <b>REGISTER, CAROL L<br/>3509 WOODLAND ST<br/>PALATKA FL 32177</b> |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | <b>BLOUNT, STEVE M.<br/>118 CONERSTONE CIR<br/>PALATKA FL</b> |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  | <b>BLOUNT, JOHN A.<br/>652 W. PENIEL RD.<br/>PALATKA FL</b>        |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  | <b>BLOUNT, ELDEN D.<br/>111 SILVER LAKE RD<br/>PALATKA FL</b>      |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  | <b>REGISTER, RICHARD H.<br/>3509 WOODLAND ST.<br/>PALATKA FL</b>   |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  | <b>BLOUNT, DONALD D.<br/>109 DOMINGO RD<br/>SATSUMA FL 32189</b>   |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  | <b>REGISTER, CAROL L<br/>3509 WOODLAND ST<br/>PALATKA FL 32177</b> |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  | <b>BLOUNT, STEVE M.<br/>118 CONERSTONE CIR<br/>PALATKA FL</b>      |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| STREET ADDRESS  |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| CITY- ST- ZIP   |  |   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| TITLE   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |  |  |               |  |  |       |      |                                 |                |   |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |       |      |   |                |  |  |               |  |  |
| 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:** John A. Blount **JOHN A. BLOUNT** 717328-504386-325-7424