2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 717328

1. Entity Name
TRUTH TABERNACLE, INC.

Principal Place of Business	Mailing Address
652 W. PENIEL RD. PALATKA, FL 32177 US	P. O. BOX 458 PALATKA, FL 32178-7458 US

DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1272760
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000518675
05/02/06-80023-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLOUNT, JOHN A.
STREET ADDRESS	652 W. PENIEL RD.
CITY-ST-ZIP	PALATKA, FL
TITLE	V
NAME	BLOUNT, ELDEN D.
STREET ADDRESS	111 SILVER LAKE RD
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	REGISTER, RICHARD H.
STREET ADDRESS	3509 WOODLAND ST.
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	BLOUNT, DONALD D.
STREET ADDRESS	109 DOMINGO RD
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	ST
NAME	REGISTER, CAROL L
STREET ADDRESS	3509 WOODLAND ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	BLOUNT, STEVE M.
STREET ADDRESS	118 CONERSTONE CIR
CITY-ST-ZIP	PALATKA, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-17-06 386-325-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #