

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90146 045 ****61.25

DOCUMENT # 717328

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1272760**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BLOUNT, JOHN A.	
STREET ADDRESS	652 W. PENIEL RD.	
CITY-ST-ZIP	PALATKA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLOUNT, ELDEN D.	
STREET ADDRESS	111 SILVER LAKE RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGISTER, RICHARD H.	
STREET ADDRESS	3509 WOODLAND ST.	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, DONALD D.	
STREET ADDRESS	160 W PENIEL RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REGISTER, CAROL L	
STREET ADDRESS	3509 WOODLAND ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, STEVE M.	
STREET ADDRESS	118 CONERSTONE CIR	
CITY-ST-ZIP	PALATKA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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** 4-7-03 386-825-2494

CR2E037 (10/02)