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May 28 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738534 (7)
1. Corporation Name
TRUTH TABERNACLE CHURCH OF VERO BEACH INC.



Principal Place of Business Mailing Address
TRUTH TABERNACLE
25 27 AVE.
VERO BEACH FL 32968
US
STONE, WILLIAM T. REV.
4235 1ST ST SW 4153 1ST ST SW
VERO BEACH FL 32968
US

2. Principal Place of Business 2a. Mailing Address
21 25 27 AVE 26 4153 1ST ST SW
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 VERO BEACH FL. 28 VERO BEACH FL.
24 Zip 25 Country 29 Zip 30 Country
32968 INDIAN R. 32968 IR

3. Date Incorporated or Qualified
04/01/1977
4. FEI Number
59-2478691
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STONE, REV. WILLIAM T.
4235 1ST STREET SW
VERO BEACH FL 32968
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

12. OFFICERS AND DIRECTORS
TITLE PD
NAME STONE, REV. WILLIAM T.
STREET ADDRESS 4235 1ST STREET, SW
CITY-ST-ZIP VERO BEACH FL
TITLE VD
NAME STONE, SANDRA E.
STREET ADDRESS 25-27TH AVE
CITY-ST-ZIP VERO BEACH FL
TITLE SD
NAME KINCHEN, MARSHA
STREET ADDRESS PO BOX 259 NA
CITY-ST-ZIP WINTER BEACH FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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.

SIGNATURE William T. Stone
52098 04/28/98

CR2E037 (10/97)