

, FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **738534**

(7)

TRUTH TABERNACLE CHURCH OF VERO BEACH INC.

Principal Place of Business

TRUTH TABERNACLE  
25 27 AVE.  
VERO BEACH FL 32968  
US

Mailing Address

STONE, WILLIAM T. REV. 4153 1ST ST. SW  
4295 1ST SW  
VERO BEACH FL 32969  
US

2. Principal Place of Business

21 25 27 AVE

2a. Mailing Address

26 4153 1ST ST SW

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22

28

City & State

23 VERO BEACH FL

29 VERO BEACH FL

Zip

24 32968

Country

25 INDIAN RV

26 32968

Country

27 28 29 30 IR

9. Name and Address of Current Registered Agent

STONE, REV. WILLIAM T.

4295 1ST STREET SW

VERO BEACH FL 32962

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, REV. WILLIAM T.		1.2 NAME	
STREET ADDRESS	4295 1ST STREET, SW		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, SANDRA E.		2.2 NAME	
STREET ADDRESS	25-27TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINCHEN, MARSHA		3.2 NAME	
STREET ADDRESS	PO BOX 259 NA		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER BEACH FL		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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

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