

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738534

1. Entity Name

TRUTH MINISTRIES OF VERO BEACH INC.

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90195 003 \*\*\*\*70.00

Principal Place of Business

25 27TH AVE  
 VERO BEACH FL 32968  
 US

Mailing Address

4153 1ST STREET SW  
 4235 1ST SW  
 VERO BEACH FL 32968  
 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

59-2478691

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, REV. WILLIAM T.  
 4153 1ST STREET SW  
 VERO BEACH FL 32962

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

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME STONE, REV. WILLIAM T.  
 STREET ADDRESS 4153 1ST STREET SW  
 CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME STONE, SANDRA E.  
 STREET ADDRESS 25-27TH AVE  
 CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☐ Delete  
 NAME KINCHEN, MARSHA  
 STREET ADDRESS PO BOX 259 NA  
 CITY-ST-ZIP WINTER BEACH FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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.

CR2E037 (4/02)

SIGNATURE: *William T. Stone* **WILLIAM T. STONE**

7-7-02 561-567-932