2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # 738534** 1. Entity Name 04-29-2004 90258 019 ****70.50 TRUTH MINISTRIES OF VERO BEACH INC. Principal Place of Business Mailing Address 4153 1ST STREET SW 4235 1ST SW VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 4153 57 SW Suite, Apt. #, etc. CR2E037 (11/03) 4. FEI Number Applied For City & State 59-2478691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired TUDIAN RWGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, REV. WILLIAM T. Street Address (P.O. Box Number is Not Acceptable) 4153 1ST STREET SW VERO BEACH FL 32962 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition STONE, REV. WILLIAM T. NAME NAME 4153 1ST STREET SW STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE STONE, SANDRA E. NAME NAME 25-27TH AVE STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE KINCHEN, MARSHA NAME NAME PO BOX 259 NA--STREET ADDRESS STREET ADDRESS WINTER BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete DBF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

4-27-4