
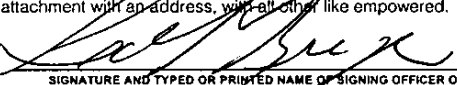


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90013 024 ****61.25

DOCUMENT # 753599 1. Entity Name THE GOSPEL TRUTH OF ST. PETERSBURG, INC.					
Principal Place of Business 868 50TH AVE S. SAINT PETERSBURG, FL 33705			Mailing Address PO BOX 11106 ST PETERSBURG, FL 33733-1106 US		
2. Principal Place of Business 860 - 20 Ave S		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg FL		City & State		4. FEI Number 59-2118687	
Zip 33705		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRESGE, TED 868 50 AVE S ST. PETERSBURG, FL 33705			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 860 20 Ave S St. Petersburg City <div style="display: flex; justify-content: space-between;"> FL Zip Code 33705 </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRESGE, TED 868 50TH AVE S. SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	860 20 Ave S St. Petersburg FL 33705	<input checked="" type="checkbox"/> Change address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, DOUGLAS 868 50TH AVE S. SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	860 20 Ave S St. Petersburg FL 33705	<input checked="" type="checkbox"/> Change address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRESGE, KIM 868 50TH AVE S. SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	860 20 Ave S St. Petersburg FL 33705	<input checked="" type="checkbox"/> Change address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JEFF 868 50TH AVE S. SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	860 20 Ave S St. Petersburg FL 33705	<input checked="" type="checkbox"/> Change address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, VICTORIA 868 50TH AVE S. SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	860 20 Ave S St. Petersburg FL 33705	<input checked="" type="checkbox"/> Change address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, NANCY 868 50TH AVE S. SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	860 20 Ave S St. Petersburg FL 33705	<input checked="" type="checkbox"/> Change address <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Ted Kresge		2-22-06 727-822-5562
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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