

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 757999 (8)**

1. Corporation Name

**A CENTER FOR TRUTH, INC.**

Principal Place of Business

Mailing Address

% ROBERT B. CORWIN  
728 W. CANAL ST.  
NEW SMYRNA BEACH FL 32168  
US

% ROBERT B. CORWIN  
728 W. CANAL ST.  
NEW SMYRNA BEACH FL 32168  
US



3. Date Incorporated or Qualified  
**05/12/1981**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYBRAND, CYNTHIA M  
728 W CANAL STREET  
NEW SMYRNA BEACH FL 32168**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CORWIN, REV. THOMAS	
STREET ADDRESS	506 EATON RD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CORWIN, ROBERT B.	
STREET ADDRESS	2212 INDIA PALM	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLACE, J. CARL	
STREET ADDRESS	15 WALLACE ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, REV. JAMES	
STREET ADDRESS	506 EATON ROAD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WITHROW, D. LYNNE	
STREET ADDRESS	3401 PINE TREE DR	
CITY-ST-ZIP	EDGEWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Thomas Corwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96 (904) 428-2315  
Date Daytime Phone #

CR2E037 (12/95)