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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32168-6903
US3. Date Incorporated or Qualified
05/12/19813a. Date of Last Report
05/30/19964. FEI Number
59-2969176Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME CORWIN, REV. THOMAS
STREET ADDRESS 506 EATON RD
CITY - ST - ZIP EDGEWATER FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE VSD ☐ DELETE
NAME CORWIN, ROBERT B.
STREET ADDRESS 2212 INDIA PALM
CITY - ST - ZIP EDGEWATER FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME WALLACE, J. CARL
STREET ADDRESS 15 WALLACE ROAD
CITY - ST - ZIP NEW SMYRNA BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME ROBERTSON, REV. JAMES
STREET ADDRESS 506 EATON ROAD
CITY - ST - ZIP EDGEWATER FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME WITHROW, D. LYNNE
STREET ADDRESS 3401 PINE TREE DR
CITY - ST - ZIP EDGEWATER FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 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:

Thomas Corwin

11/28/97 (904) 428-2315

CR2E037 (9/96)