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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757999 (8)

1. Corporation Name
A CENTER FOR TRUTH, INC.

Principal Place of Business % ROBERT B. CORWIN 728 W. CANAL ST. NEW SMYRNA BEACH FL 32168 US	Mailing Address % ROBERT B. CORWIN 728 W. CANAL ST. NEW SMYRNA BEACH FL 32168 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified 05/12/1981	Applied For 59-2969176	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 in Block 14 if added.

SIGNATURE: Pren... 4/21/98 (904) 428-2316

CR2E037 (10/97)