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Jan 28, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-28-1999 90044 011 *****61.25

DOCUMENT # 757999

1. Corporation Name

A CENTER FOR TRUTH, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30 Country

3. Date incorporated or Qualified

05/12/1981

4. FEI Number

59-2969176

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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 DELETE
NAME CORWIN, REV. THOMAS
STREET ADDRESS 506 EATON RD
CITY-ST-ZIP EDGEWATER FL

TITLE VSD DELETE
NAME CORWIN, ROBERT B.
STREET ADDRESS 2212 INDIA PALM
CITY-ST-ZIP EDGEWATER FL

TITLE VD DELETE
NAME WALLACE, J. CARL
STREET ADDRESS 15 WALLACE ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE VD DELETE
NAME ROBERTSON, REV. JAMES
STREET ADDRESS 506 EATON ROAD
CITY-ST-ZIP EDGEWATER FL

TITLE TD DELETE
NAME WITHROW, D. LYNNE
STREET ADDRESS 3401 PINE TREE DR
CITY-ST-ZIP EDGEWATER FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 (904) 428-2315

CR2E037 (1/98)