

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757999

1. Entity Name

A CENTER FOR TRUTH, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90043 046 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2969176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 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: *Thomas Corwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

Deputy Phone #

CR2E037 (10/00)