

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90833 046 ****61.25

DOCUMENT # 757999

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2969176**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PTD	CORWIN, REV. THOMAS	508 EATON RD	EDGEWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	CORWIN, ROBERT B.	2212 INDIA PALM	EDGEWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	WALLACE, J. CARL	15 WALLACE ROAD	NEW SMYRNA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ROBERTSON, REV. JAMES	508 EATON ROAD	EDGEWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	WITHROW, D. LYNNE	3401 PINE TREE DR	EDGEWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 A. Corwin
THOMAS A. CORWIN

2/14/03 (386) 428-2315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)