FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761210 (4)

1. Corporation Name
FORUM OF MANY TRUTHS, INCORPORATED

Principal Place of Business	Mailing Address
5335 66TH STREET NORTH, STE 1 & 2 ST PETERSBURG FL 33709	5335 66TH STREET NORTH, STE 1 & 2 ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2181182 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21: 5834 54th Ave No
22: Suite, Apt. #, etc.
23: City & State: Kenneth City, Fl.
24: Zip: 33709 Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

BITTLER, REV. ROSE MARIE
6749 DARTMOUTH AVE. N.
ST. PETERSBURG FL 33710

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BITTLER, ROSE MARIE	12 NAME	
STREET ADDRESS	6749 DARTMOUTH AVE. NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	FISCHER, VIOLA M.	22 NAME	
STREET ADDRESS	332 69TH AVE. NE	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, ELEANOR	32 NAME	
STREET ADDRESS	900 70TH ST. N # 203	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~MILLER, RICHARD L.~~	42 NAME	
STREET ADDRESS	~~6500 64TH TERR. N.~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	~~KEISER DOROTHY~~	52 NAME	
STREET ADDRESS	~~930 BOCA CIEGA PT BL. SO~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~ST. PETE FL 33708~~	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Patricia Miller	62 NAME	
STREET ADDRESS	6810 Stones Throw Cir N #13103	63 STREET ADDRESS	
CITY-ST-ZIP	St Pete, Fl 33710	64 CITY-ST-ZIP	

$875/18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rev. Rose Marie Bittler President REV. ROSE MARIE BITTLER President April 24, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0058010