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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761210** (4)
1. Corporation Name

FORUM OF MANY TRUTHS, INCORPORATED

Principal Place of Business

Mailing Address

**3035 5TH AVE NORTH
ST. PETERSBURG FL 33713
US**

**6749 DARTMOUTH AVE
SUITE 1 & 2
ST PETE FL 33710
US**



3. Date Incorporated or Qualified

12/23/1981

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6749 DARTMOUTH AVE N

2a Suite, Apt. #, etc.

22 St Pete FL

27 City & State

23 City & State

28 City & State

24 Zip 33710

25 Country PINELANDS

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
NAME BITTLER, ROSE MARIE
STREET ADDRESS 6749 DARTMOUTH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

**ST
NAME FISCHER, VIOLA M.
STREET ADDRESS 332 89TH AVE. NE
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

**D
NAME WRIGHT, ELEANOR
STREET ADDRESS 900 70TH ST. N # 203
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

**D
NAME MILLER, PATRICIA
STREET ADDRESS 6810 STONES THROW CIR N #13103
CITY-ST-ZIP ST PETE FL 33710**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

SIGNATURE REQUIRED

Rev Rose Marie Bittler
Rev Rose Marie Bittler 4-8-98 (813-345-1209)

CR2E037 (10/97)