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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:56

DOCUMENT # 854745 (7)

1. Corporation Name
FULL GOSPEL TRUTH INC.

Principal Place of Business	Mailing Address
304 3RD ST P.O. BOX 886 EAST JORDAN MI 49727	304 3RD ST P.O. BOX 886 EAST JORDAN MI 49727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1982
3a. Date of Last Report: 02/02/1994
4. FEI Number: 38-6094717 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

ERICKSON, FRAN
5205 RILMA AVENUE
SARASOTA FL 33580

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, ORBEN	1.2 NAME	
STREET ADDRESS	1468 IRISH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVISON MI	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGREGOR, RONALD R	2.2 NAME	
STREET ADDRESS	5963 BARKER ST,PO BOX 98	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBA MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMOND, WILLIAM	3.2 NAME	
STREET ADDRESS	2266 NEBRASKA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAGINAW MI	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ANGEL, ROY L.	4.2 NAME	Angel Roy L.
STREET ADDRESS	602 ADAMS ST.	4.3 STREET ADDRESS	26256 Louisiana Ave.
CITY-ST-ZIP	BOYNE CITY MI	4.4 CITY-ST-ZIP	Novi, Novi, 48379
TITLE	PS	5.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, HARLEY R	5.2 NAME	
STREET ADDRESS	304 3RD ST,PO BOX"Q"	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST JORDON MI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HETLER, JOSEPH	6.2 NAME	
STREET ADDRESS	2034 CHARLEVOIX RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNE CITY MI	6.4 CITY-ST-ZIP	

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)(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: Harley R. Barber HARLEY R. BARBER 1-19-95 11 A.M. - 4 P.M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074440