

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007066

FILED
Jan 16, 2006
Secretary of State

Entity Name: PRESENT TRUTH FELLOWSHIP INC.

Current Principal Place of Business:

5601 N.E. 7TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1110 S.E. 8TH ST
OCALA, FL 34471

New Mailing Address:

FEI Number: 07-1425600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, HELEN
1110 S.E. 8TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COPELAND, HELEN
Address: 1110 S.E. 8TH ST
City-St-Zip: Ocala, FL 34471

Title: VD () Delete
Name: JARAMILLO, SHERYL
Address: 3816 S.E 48 STREET
City-St-Zip: Ocala, FL 34480

Title: ST () Delete
Name: SMITH, LELIA
Address: 458 FAIRWAY CIRCLE C-103
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL JARAMILLO

VD

01/16/2006

Electronic Signature of Signing Officer or Director

Date