

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007502

1. Entity Name
TRUTH IS JESUS INC.



FILED

07 APR 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6000 BLOUNSTOWN HWY
TALLAHASSEE, FL 32310

Mailing Address
6000 BLOUNSTOWN HWY
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-8856721

Applied For
Not Applicable

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

GRAY, CLARENCE D
6000 BLOUNSTOWN HWY
TALLAHASSEE, FL 32310

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

Filing Fee is \$61.25
Due by May 1, 2007

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 D ☐ Delete
NAME GRAY, CLARENCE D
STREET ADDRESS 6000 BLOUNSTOWN HWY
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME 400101351494
STREET ADDRESS 05/03/07--01016--017
CITY-ST-ZIP **61.25

TITLE D ☐ Delete
NAME GRAY, MICHAEL D
STREET ADDRESS 6000 BLOUNSTOWN HWY
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME [Signature]
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRAY, BRENDA M
STREET ADDRESS 6000 BLOUNSTOWN HWY
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-07