## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000007502  1. Entity Name TRUTH IS JESUS INC.										FILE	) 14 8: 01	
Principal Plac 6000 BLOUN TALLAHASSE	istown hw	Mailing Address 6000 BLOUNSTOWN HWY TALLAHASSEE, FL 32310			ł. <u> </u>		TA	SECRL ALLAHA	akt üi SSEE,	STATE FLORIDA		
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04302008 CI	hg-NP	CR2E	037 (12/06)	
City & State			City & State					4. FEI Number 59-885672	 !1			plied For at Applicable
Zip	Country		Zij	Zip		untry	5. Certificate of Statu		stus Desired S8.75 Additional Fee Required			litional d
	6. Name	and Address of Current	Registere	d Agent	Name		7. Name and Add	ress of New	Registere	d Agent		
GRAY, CLARENCE D 6000 BLOUNSTOWN HWY TALLAHASSEE, FL 32310						Street Address (P.O. Box Number is Not Acceptable)						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
						City				F	L Zip Cod	e
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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Can Trust Fund C	· -	]	\$5.00 May Be Added to Fees Make check payable to Florida Department of Stat					
10.	Б	OFFICERS AND D	IRECTORS		11. TITU		ļ	ADDITIONS/CHANG	ES TO OFFIC	ERS AND		<del></del>
TITLE				☐ Delete	E KE EET ADDRESS '- ST-ZIP		700 04/30/0	127! 80108			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000 BLC	IICHAEL D DUNSTOWN HWY ASSEE, FL 32310		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000 BLC	RENDA M DUNSTOWN HWY ASSEE, FL 32310		□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		_					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
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.												
changed	or on an a	achrhent with an address,	with all of	ner like empowered.	•							
signat	, or on an at	achiment with an address,	<u>(). M</u>	rais		TOR		apri	Date 30	120	O & Daytime Phone #	