2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 8:00 am DOCUMENT # N01000004259 Secretary of State 1. Entity Name 02-10-2004 90021 028 ****70.00 PILLAR AND GROUND OF TRUTH, INC. Principal Place of Business Mailing Address 1539 W. 7TH STREET POST OFFICE BOX 1322 LAKELAND FL 33805 LAKELAND FL 33802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3723050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREEN, EULA C Street Address (P.O. Box Number is Not Acceptable) 1539 W. 7TH STREET LAKELAND FL 33805 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9.- Election Campaign Financing 35.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. C. Delete TITLE Change __ addition TITLE Albert Green 1539 W 7+h Street GREEN, ALBERT NAME NAME 1539 W. 7TH STREET STREET ADDRESS STREET ADDRESS Lakeland, FI 33805 LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE GREEN, EULA C Keila Crews NAME NAME 1350 Lake Bonny Crest Drive Apt #9 1539 W. 7TH STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP Lakeland FI 33801 CITY-ST-ZIP Change Delete TITLE TITLE Karen Hill 2020 E. Edge wood Drive Apt #19 HUDSON, LUCILLE NAME NAME 823 CRESTVEIW AV STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 akeland, Fi 33803 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE . Eula C Green GREEN, CARSHA NAME NAME 1539 W. 7th Street 1539 W. 7TH STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 Lakeland, FI 33805 C/TY - ST - ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 receive 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED