

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000004259

1. Entity Name  
PILLAR AND GROUND OF TRUTH, INC.



Principal Place of Business  
1539 W. 7TH STREET  
LAKELAND, FL 33805

Mailing Address  
POST OFFICE BOX 1322  
LAKELAND, FL 33802

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3723050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

GREEN, EULA C  
1539 W. 7TH STREET  
LAKELAND, FL 33805

**DO NOT WRITE  
IN THIS SPACE**

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)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, ALBERT 1539 W. 7TH STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, EULA C 1539 W. 7TH STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREWS, KEILA 1350 LAKE BONNY CREST DR., APT. #9 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, EULA C 1539 W 7TH ST. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, KAREN 2020 E EDGEWOOD DR., APT. #19 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000263712  
03/14/05-80108-007 70.00

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IN THIS SPACE**

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 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: Eula C. Green Eula C. Green 3/10/05 863 688-8642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #