

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 045 ****70.00

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



Principal Place of Business
1442 STATE RD. 436
SUITE 1008
CASSELBERRY, FL 32707

Mailing Address
1442 STATE RD. 436
SUITE 1008
CASSELBERRY, FL 32707

40049400



2. Principal Place of Business
1539 W. 7TH ST
Suite, Apt. #, etc.

3. Mailing Address
1322 P.O. Box
Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State
Lakeland FL
Zip
33805
County
Polk

City & State
Lakeland
Zip
33802
County
Polk

4. FEI Number
59-3723050
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Eula C. Green Eula C. Green 4/10/06 863 688-8642
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #