

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

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90024 024 \*\*\*\*70.00

DOCUMENT # **NO1000004259**

1. Entity Name



*Pillar and Ground of Truth, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1539 W. 7th Street*

3. Mailing Address

*P.O. Box 1322*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Lakeland FL*

City & State

*Lakeland FL*

4. FEI Number

*593723050*

Applied For

Not Applicable

Zip

*33805*

Country

*PO/K*

Zip

*33802*

Country

*PO/K*

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended AR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Green, Albert  
1539 W. 7th St  
Lakeland FL 33805 (V)*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Green Eula C  
1539 W. 7th St  
Lakeland FL 33805 (D)*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Crews Keila  
1350 Bonny Crest apt #9 (F)*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Hill Karen  
2020 Edgewood Dr apt #9 (S)*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Green Eula C  
1539 W. 7th St  
Lakeland FL 33805 (P.D)*

TITLE  
NAME  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ms Eula C Green* *Ms Eula C. Green* *2/20/07* *(613 6888642)*