


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005799</b> 1. Entity Name TRUTH MINERS MINISTRIES, INC.	
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Principal Place of Business 327 E LAKEVIEW AVE EUSTIS, FL 32726	Mailing Address PO BOX 642 EUSTIS LAKE, FL 32727
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01112004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3736102	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  HOLDEN, ALAN J DR 327 E LAKEVIEW AVE EUSTIS, FL 32726
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**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 <u>Alan Holden</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>Alan Holden</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>4-14-04</u> <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000132500 04/27/04-80049-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, ALAN J DR 327 E LAKEVIEW AVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, MRS. ALAN 327 E LAKEVIEW AVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, KAREN 327 E LAKEVIEW AVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Alan Holden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-14-04</u> <small>Date</small>	<u>352-483-5528</u> <small>Daytime Phone #</small>