

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004468

FILED
Jan 14, 2006
Secretary of State

Entity Name: TIME FOR TRUTH MINISTRIES INC.

Current Principal Place of Business:

12103 KATHERWOOD ST
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

PO BOX 5476
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 30-0097000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, DON
12103 KATHERWOOD ST
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALTON, DON
Address: 12103 KATHERWOOD ST
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: MARCUM, JERRY
Address: 36442 LAUREL LANE
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: ENGLISH, CLAUDE
Address: 5239 17TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: MANN, JEFF
Address: 2921 SCENIC DRIVE
City-St-Zip: SCOTTSBORO, AL 35769

Title: D () Delete
Name: JONES, MAX
Address: 34631 TRANQUILVIEW LANE
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: HENDRIX, ED
Address: 5698 OLD BETHEL RD.
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON WALTON

D

01/14/2006

Electronic Signature of Signing Officer or Director

Date