

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000004468

1. Entity Name
TIME FOR TRUTH MINISTRIES INC.



Principal Place of Business
**12103 KATHERWOOD ST
SPRING HILL, FL 34608**

Mailing Address
**PO BOX 5476
SPRING HILL, FL 34611**

DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
30-0097000

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000950866
06/04/08-80008-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALTON, DON
STREET ADDRESS	12103 KATHERWOOD ST
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	D
NAME	MARCUM, JERRY
STREET ADDRESS	11030 MANSKER RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D
NAME	ENGLISH, CLAUDE
STREET ADDRESS	5239 17TH STREET
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	D
NAME	MANN, JEFF
STREET ADDRESS	2921 SCENIC DRIVE
CITY-ST-ZIP	SCOTTSBORO, AL 35769
TITLE	D
NAME	JONES, MAX
STREET ADDRESS	34631 TRANQUILVIEW LANE
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D
NAME	HENDRIX, ED
STREET ADDRESS	5698 OLD BETHEL RD.
CITY-ST-ZIP	CRESTVIEW, FL 32536

**DO NOT WRITE
IN THIS SPACE**

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:

Claude English
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-08
Date

Daytime Phone #