

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 037 ****70.00

DOCUMENT # N02000004489

1. Entity Name

TRUTH TABERNACLE CHURCH, INC.



Principal Place of Business

221 N MARKET ST
LAKE WALES FL 33898

Mailing Address

5119 TIMBERLANE ROAD
LAKE WALES FL 33898



2. Principal Place of Business - No P.O. Box #

141 EAST ORANGE AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Lake Wales Florida

City & State

4. FEI Number

30-0081019

Applied For

Not Applicable

Zip

33898

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEMONS, DARRELL REV
5119 TIMBERLANE RD
LAKE WALES FL 33898

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

Rev. Darrell E. Clemens

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature and address are required on statement)

January 23rd, 2008
DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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	PD	☐ Delete
NAME	CLEMONS, DARRELL E REV.	
STREET ADDRESS	5119 TIMBERLANE RD	
CITY- ST- ZIP	LAKE WALES FL 33898	

TITLE	VD	☐ Delete
NAME	CLEMONS, OLLIE L	
STREET ADDRESS	5119 TIMBERLANE RD	
CITY- ST- ZIP	LAKE WALES FL 33898	

TITLE	STD	☐ Delete
NAME	BUCHANAN, TERRI L	
STREET ADDRESS	4924 WASHINGTON STREET	
CITY- ST- ZIP	LAKE WALES FL 33859	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ 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 Section 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: Rev. Darrell E. Clemens — REV. Darrell E. Clemens *January 23 2008* 83-439-4869