NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State
07-07-2003 90145 045 ****70.00

DOCUMENT # N02000004489

1. Entity Name
Truth Tabernacle Church, Inc.

DO NOT WRITE IN THIS SPACE

55051500

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
221 North MARKET STREET	5119 Timberlane ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales, Florida	City & State: Lake Wales, Florida
Zip: 33853 Country: USA	Zip: 33898 Country: USA

4. FEI Number: 30-0081019 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

*Name: Darrell E. Clemons

Street Address (P.O. Box Number is Not Acceptable)
5119 Timberlane Road

City: Lake Wales FL Zip Code: 33898

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: Darrell E. Clemons 07/01/03
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 UBR

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	President
NAME	DARRELL E. Clemons D
STREET ADDRESS	5119 Timberlane Road
CITY-ST-ZIP	Lake Wales, Florida 33898
TITLE	Vice-President D
NAME	Ollie L. Clemons
STREET ADDRESS	5119 Timberlane Road
CITY-ST-ZIP	Lake Wales, Florida 33898
TITLE	SECRETARY/TREASURER D
NAME	Teresa S. Merritt
STREET ADDRESS	470 MORGAN ROAD
CITY-ST-ZIP	Winter Haven, Florida 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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: Darrell E. Clemons 07/01/03 863-439-4869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #