

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90077 017 ****61.25

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1. Entity Name

LIVING TRUTH CHURCH, INCORPORATED



Principal Place of Business
5924 SAVANNAH DRIVE
MILTON FL 32570

Mailing Address
5924 SAVANNAH DRIVE
MILTON FL 32570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number

59-3673914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, NORMAN
5924 SAVANNAH DRIVE
MILTON FL 32570

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D
NAME SULLIVAN, NORMAN ☐ Delete
STREET ADDRESS 5924 SAVANNAH DR
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME ROPELLA, PATRICK ☒ Delete
STREET ADDRESS 3174 EDINBURGH CASTLE RD
CITY-ST-ZIP MILTON FL 32583

TITLE D
NAME BUTLER, PAT ☐ Delete
STREET ADDRESS 6227 HUNTERS RIDGE DR
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME TURNER, ROBERT ☐ Delete
STREET ADDRESS 7037 MARTIN RD
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME PHILLIPS, TONY ☐ Delete
STREET ADDRESS 5449 BRIGHT MEADOWS RD
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME HOLLON, JOEL ☐ Delete
STREET ADDRESS 4280 CROSSWINDS
CITY-ST-ZIP MILTON FL 32583

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Thomas L. Trull Sr. ☐ Change ☒ Addition
STREET ADDRESS 3612 Garden view Dr
CITY-ST-ZIP Pace FL 32571

TITLE D
NAME Sullivan, Norman ☒ Change ☐ Addition
STREET ADDRESS 4645 Heatherwood Way
CITY-ST-ZIP Pace, FL 32571

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: