

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002894

FILED
Jan 09, 2007
Secretary of State

Entity Name: KEY TO TRUTH MINISTRIES, INC.

Current Principal Place of Business:

333 S PATRICK DR #16
SATELLITE BCH, FL 32937

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1156
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 11-3673434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONS, BUCKLEY
333 S PATRICK DR #16
SATELLITE BCH, FL 32937 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: SONS, BUCKLEY M
Address: 333 S PATRICK DR #16
City-St-Zip: SATELLITE BCH, FL 32937

Title: D () Delete
Name: SONS, LINDA
Address: 333 S PATRICK DR #16
City-St-Zip: SATELLITE BCH, FL 32937

Title: D () Delete
Name: SONS, HEATHER
Address: 1831 AUDUBON DRIVE
City-St-Zip: HANAHAN, SC 29406

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:

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: BUCKLEY M SONS

D

01/09/2007

Electronic Signature of Signing Officer or Director

Date