


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 028 ****61.25

DOCUMENT # N03000002894 1. Entity Name KEY TO TRUTH MINISTRIES, INC.					
Principal Place of Business 333 S PATRICK DR #16 SATELLITE BCH, FL 32937			Mailing Address P.O. BOX 1156 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business - No P.O. Box # <i>4580 Portage Trail</i>			3. Mailing Address Suite, Apt. #, etc.		
City & State <i>Melbourne, FL</i>			City & State Suite, Apt. #, etc.		
Zip <i>32920</i>		Country <i>USA</i>		4. FEI Number 11-3673434	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SONS, BUCKLEY 333 S PATRICK DR #16 SATELLITE BCH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>4580 Portage Trail</i> <i>Melbourne, FL</i> City <i>FL</i> Zip Code <i>32920</i>	
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 <i>BUCKLEY SONS</i> DATE <i>2/18/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Delete</i> SONS, BUCKLEY M 333 S PATRICK DR #16 SATELLITE BCH, FL 32937				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Delete</i> SONS, LINDA 333 S PATRICK DR #16 SATELLITE BCH, FL 32937				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SONS, HEATHER 1831 AUDUBON DRIVE HANAHAN, SC 29406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SONS, HEATHER 1831 AUDUBON DRIVE HANAHAN, SC 29406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SONS, HEATHER 1831 AUDUBON DRIVE HANAHAN, SC 29406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SONS, HEATHER 1831 AUDUBON DRIVE HANAHAN, SC 29406				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BUCKLEY M. SONS 4580 PORTAGE TRAIL MELBOURNE, FL 32940					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDA SONS 4580 PORTAGE TRAIL MELBOURNE, FL 32940					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HEATHER SONS 8290 DATE PARKWAY-APT. 613 JACKSONVILLE, FL 32216					
<input type="checkbox"/> Change <input type="checkbox"/> Addition HEATHER SONS 8290 DATE PARKWAY-APT. 613 JACKSONVILLE, FL 32216					
<input type="checkbox"/> Change <input type="checkbox"/> Addition HEATHER SONS 8290 DATE PARKWAY-APT. 613 JACKSONVILLE, FL 32216					

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 channelled, or on an attachment with an address, with all other like empowered.

Buckley M. SONS