

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2006
Secretary of State**

DOCUMENT# N04000006100

Entity Name: TRUTH EVANGELISTIC MINISTRY, INC.

Current Principal Place of Business:

754 BARLEY PORT LANE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

754 BARLEY PORT LANE
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-1375120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLEFIELD, ROBERT F
754 BARLEY PORT LANE
FT WALTON BEACH, FL 32547 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: P () Delete
Name: MARTINDALE, CHARLES
Address: 1945 PATRICIAN WAY
City-St-Zip: FT WALTON BEACH, FL 32547

Title: V () Delete
Name: TILLER, WILLIAM
Address: 2094 LINDSEY LANE
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: LITTLEFIELD, ROBERT
Address: 754 BARLEY PORT LANE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: GRIMES, BRYAN O
Address: 118 MICHAEL AVE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: MARLER, THOMAS M
Address: 129 VIRGINIA DR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D () Delete
Name: HALE, JAMES
Address: 75 ELEVENTH STREET
City-St-Zip: SHALIMAR, FL 32579

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:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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: ROBERT F. LITTLEFIELD

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02/06/2006

Electronic Signature of Signing Officer or Director

Date