

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002432

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE CENTRAL TRUTH MINISTRIES, INC.

Current Principal Place of Business:

1931 WELBY WAY STE 4
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1931 WELBY WAY STE 4
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, ABE
4085 BOTHWELL TERR
TALLAHASSEE, FL 323178548 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: PMD () Delete
Name: JOHNSON, ABE DR
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 323178548

Title: ST () Delete
Name: JOHNSON, MITIE P
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 323178548

Title: D () Delete
Name: SMITH CHAPEL AOH CHU, RCH. INC
Address: 1931 WELBY WAY STE 4
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: JOHNSON, MITTIE P
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 323178548

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

I hereby certify that the information supplied with this filing does not qualify 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: DR ABE JOHNSON

PMD

04/30/2007

Electronic Signature of Signing Officer or Director

Date