

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002432

FILED  
Apr 27, 2009  
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:**

1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1931 WELBY WAY STE 4  
TALLAHASSEE, FL 32308

**New Mailing Address:**

1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

**FEI Number:** 26-0831682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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, MITTIE P  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 323178548

Title: D ( ) Delete  
Name: SMITH CHAPEL AOH CHURCH. 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SMITH CHAPEL AOH CHURCH. INC  
Address: 1900 KATHRYN SPEED CT.  
City-St-Zip: TALLAHASSEE, FL 32303

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: ABE JOHNSON

PMD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date