2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N05000004223

Entity Name: TRUTH FIDELITY BENEVOLENCE NONPROFIT CORPORATION

Current Principal Place of Business:

1775 W FRENCH AVE
ORANGE CITY, FL 327634510

New Principal Place of Business:

Current Mailing Address:

1775 W FRENCH AVE
ORANGE CITY, FL 327634510

New Mailing Address:

FEI Number: 20-2782902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADER, JAMES D III
1775 W FRENCH AVE
ORANGE CITY, FL 327634510 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: CUMMINGS, J WAIN
Address: 132 MAYFAIR CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: RADER, JAMES D
Address: 1775 W FRENCH AVE
City-St-Zip: ORANGE CITY, FL 327634510

Title: D ( ) Delete
Name: HUBER, GEORGE
Address: 2030 KEYS LANE
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: MARCUS, LLOYD
Address: 1588 CLEARFIELD STREET
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CUMMINGS, HUMMING BIRD OPAL
Address: 132 MAYFAIR CIRCLE
City-St-Zip: SANFORD, FL 32771

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 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: OPAL HUMMING BIRD CUMMINGS D 04/16/2009

Electronic Signature of Signing Officer or Director — Date