

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90020 047 ****61.25

DOCUMENT # N05000004473



1. Entity Name
THE TRUTH PROJECT, INC.

Principal Place of Business
**%ALLANTAYLOR
14784 COUNTRY LN
DELRAY BEACH, FL 33484**

Mailing Address
**%ALLANTAYLOR
14784 COUNTRY LN
DELRAY BEACH, FL 33484**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3822019

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, ALLAN
14784 COUNTRY LN
DELRAY BEACH, FL 33484**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TAYLOR, ALLAN**
STREET ADDRESS **14784 COUNTRY LN**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☒ Delete
NAME **HERSH, RICHARD**
STREET ADDRESS **4861 NW 2ND CT**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D** ☒ Delete
NAME **REDDING, BONNIE**
STREET ADDRESS **1516 WAGNER CIR**
CITY-ST-ZIP **LAKE CLARK SHORES, FL 33406**

TITLE **D** ☐ Delete
NAME **ZWICKER, MARIE**
STREET ADDRESS **3102 RED LN**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE **D** ☒ Delete
NAME **VENABLE, JAMES**
STREET ADDRESS **1516 WAGNER CIR**
CITY-ST-ZIP **LAKE CLARK SHORES, FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **MIKE BUDD**
STREET ADDRESS **3621 NW 3RD AVE**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE

Allan Taylor

4/7/08