

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 006 ****61.25

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01102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000005907	
1. Entity Name ABIDING TRUTH PUBLICATIONS, INC.	



Principal Place of Business 1224 CHAFFEE RD JACKSONVILLE, FL 32221-1118	Mailing Address 1224 CHAFFEE RD JACKSONVILLE, FL 32221-1118
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2. Principal Place of Business 1334 S. CHAFFEE RD	3. Mailing Address 1334 S. CHAFFEE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32221-1118	Zip 32221-1118
Country US	Country

4. FEI Number 20-2982760	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JONES, RICHARD K 501 W BAY STREET JACKSONVILLE, FL 32202	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	PEOPLES, MILES
STREET ADDRESS	1224 CHAFFEE RD
CITY-ST-ZIP	JACKSONVILLE, FL 322211118
TITLE	D <input type="checkbox"/> Delete
NAME	PEOPLES, MARILYN
STREET ADDRESS	1224 CHAFFEE RD
CITY-ST-ZIP	JACKSONVILLE, FL 322211118
TITLE	D <input type="checkbox"/> Delete
NAME	PRICE, ROBERT M
STREET ADDRESS	4212 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEOPLES, MILES
STREET ADDRESS	1334 S. CHAFFEE RD
CITY-ST-ZIP	JACKSONVILLE FL 32221 1118
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEOPLES, MARILYN
STREET ADDRESS	1334 S. CHAFFEE RD
CITY-ST-ZIP	JACKSONVILLE FL 32221 1118
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert M Price **ROBERT M PRICE** 1-10-06 9047788838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #