2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State

DOCUMENT # N05000005907 1. Entity Name ABIDING TRUTH PUBLICATIONS, INC. Principal Place of Business 1334 S. SHARLER RD S. Chaffee Rd Mailing Address 1334 S. SHARLER RD S. Chaffee					-16-2007 9	00182 018 ****61	.25
Principal Place of Business S. Chattee R.D. Mailing Address 1334 S. SHORFFERRD S. Chattee R.D. JACKSONVILLE, FL 32221-1118 R.D. JACKSONVILLE, FL 32221-1118 R.D. JACKSONVILLE, FL 32221-1118					FIIII BAIN BAIN AAN	II PEKI GELEL BIJIG JAMI PEKI ISE	BHB1 B1 1881
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13345. CHAFFEE BD 13345 CHA			AFFEE R	D			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State				4. FEI Number	ig-NP	CR2E037 (12/06)	plied For
JACKSORUCCE FL Zip Country		JACKSONVILLE FL		_ 20-298270		_ \$8.75 Add	ot Applicable
37771		39921		5. Certificate of Sta		Fee Require	
6.	5. Name and Address of Current Re	gistered Agent	Name	7. Name and Add	ress of New H	egistered Agent	
JONES, RICHARD K 501 W BAY STREET JACKSONVILLE, FL 32202			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	e
	ned entity submits this statement for the of registered agent.	he purpose of changing its i	registered office or re	egistered agent, or both, in	the State of Fid	orida. I am familiar with,	and accept
	ature, typed or printed name of registered agent and	titile il applicable. (NOTE	: Registered Agent signature	e required when reinstating)		DATE	
Signa:	ing Fee is \$61.25 by May 1, 2007		paign Financing	\$5.00 May Be		DATE lake check payable t ida Department of S	
Fili Dua 10.	ing Fee Is \$61.25	9. Election Cam Trust Fund C CTORS	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Flor	lake check payable tida Department of S	tate
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Thereby certify triat the information supplied with this filling does not quality 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 eath; 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.

Miles H.

904-786-843/ Daytime Phone #