

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000005907

1. Entity Name
ABIDING TRUTH PUBLICATIONS, INC.



Principal Place of Business
1334 S. CHAFFEE RD
JACKSONVILLE, FL 32221-1118

Mailing Address
1334 S. CHAFFEE RD
JACKSONVILLE, FL 32221-1118



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2982700

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, RICHARD K
501 W BAY STREET
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

U000000396647
04/25/08-80016-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEOPLES, MILES
STREET ADDRESS	1334 S. CHAFFEE RD
CITY-ST-ZIP	JACKSONVILLE, FL 322211118

TITLE	D
NAME	PRICE, ROBERT M
STREET ADDRESS	4212 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	D
NAME	ALLEN, DARRELL
STREET ADDRESS	428 MADISON AVE APT 4-C
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

R M Price **ROBERT M PRICE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Date

9047788838

Daytime Phone #