

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007151

FILED
Jul 06, 2006
Secretary of State

Entity Name: TREASURES OF TRUTH, INC.

Current Principal Place of Business:

1900 BLUEBONNET WAY
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1900 BLUEBONNET WAY
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 51-0550956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLETCHER, NOEL H JR
1900 BLUEBONNET WAY
ORANGE PARK, FL 32003 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: FLETCHER, NOEL H JR
Address: 1900 BLUEBONNET WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: FLETCHER, LAUREN K
Address: 1900 BLUEBONNET WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: FLETCHER, LYNDON M
Address: 9004 141ST DR
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: FLETCHER, DEE D
Address: 9004 141ST DR
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: SCOTT, T ALLISON
Address: 1043 PINEVIEW CIRCLE
City-St-Zip: LIVE OAK, FL 32064

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KOONCE, NORMAN L
Address: 7300 OLD DOMINION DRIVE
City-St-Zip: MC LEAN, VA 22201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SCHINZ, FRED W
Address: 727 HIGHWAY 98
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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: NOEL H. FLETCHER, JR.

D

07/06/2006

Electronic Signature of Signing Officer or Director

Date