

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009819

FILED  
May 03, 2007  
Secretary of State

**Entity Name:** TRUTH MINISTRIES OF OCALA, FLORIDA INC.

**Current Principal Place of Business:**

2940 NORTHEAST 35TH STREET  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

2940 NORTHEAST 35TH STREET  
OCALA, FL 34479

**New Mailing Address:**

FEI Number: 20-3391069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

WITT, TERRY  
2940 NORTHEAST 35TH STREET  
OCALA, FL 34479      US

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: P ( ) Delete  
Name: WITT, TERRY  
Address: 2940 NORTHEAST 35TH STREET  
City-St-Zip: OCALA, FL 34479

Title: S ( ) Delete  
Name: LEE, TERRY  
Address: 13671 HIGHWAY 389  
City-St-Zip: FIELDS, LA 70653

Title: T ( ) Delete  
Name: MEADE, DONALD  
Address: P.O. BOX 6208  
City-St-Zip: AKRON, OH 44312

**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:

I hereby certify that the information supplied with this filing does not qualify 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: TERRY WITT

P

05/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date