

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012903

FILED
Apr 30, 2009
Secretary of State

Entity Name: INSPIRATIONAL TRUTH INC.

Current Principal Place of Business:

1802 LAFLUER ST.
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

1802 LAFLUER ST.
NORTH PORT, FL 34288

New Mailing Address:

FEI Number: 20-8137609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAN, JEFF
1335 DEVON RD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

BALL, GARY L DR.
1802 LAFLEUR ST.
NORTH PORT, FL 34288 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: DR. GARY L. BALL

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALL, GARY L DR.
Address: 19150 HELENA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: BALL, GARY II
Address: 995 VICTORIA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: CALLAN, JEFF
Address: 1335 DEVON RD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BALL, GARY II
Address: 12492 TAMiami TR. S.
City-St-Zip: NORTH PORT, FL 34287

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: GARY L. BALL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date