2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2008 8:00 am
Secretary of State
08-26-2008 90001 014 ****61.25

DOCUMENT # N07000000299

1. Entity Name

GOD'S (HIS) TRUTH IS MARCHING ON, INC.

Principal Place of Business	Mailing Address
903 S BROAD ST PLANT CITY FL 33563-6427	903 S BROAD ST PLANT CITY FL 33563-6427

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/08)

4. FEI Number 33-1158903 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASHINGTON, MARY W 903 S BROAD ST PLANT CITY FL 33563-6427	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25
Due By September 3, 2008

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	WASHINGTON, MARY W	NAME	
STREET ADDRESS	903 S BROAD ST	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33563-6427	CITY-ST-ZIP	
TITLE	V [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	WASHINGTON, BENNIE J	NAME	
STREET ADDRESS	903 S BROAD ST	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33563-6427	CITY-ST-ZIP	
TITLE	S [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	BUXTON, CATHERINE	NAME	
STREET ADDRESS	3935 CREEKWOODS DR	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33563	CITY-ST-ZIP	
TITLE	T [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	SMITH, GRACE M	NAME	
STREET ADDRESS	15116 SW 38TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	CITY-ST-ZIP	
TITLE	AS [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	WARNER, CORA W	NAME	
STREET ADDRESS	214 NW 5TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Mary W. Washington, Mary W. Washington, Director 8/21/08 (813-754-9361)