

2009

# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N07000000299

1. Entity Name  
GOD'S (HIS) TRUTH IS MARCHING ON, INC.FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 SEP 10 AM 11:06

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

05282008 Chg-NP CR2E037 (12/06)

City &amp; State

City &amp; State

4. FEI Number  
33-1158903Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Filing Fee is \$61.25  
Due by September 12, 20089. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WASHINGTON, MARY W	
STREET ADDRESS	903 S BROAD ST	
CITY-ST-ZIP	PLANT CITY, FL 335636427	

TITLE	V	<input type="checkbox"/> Delete
NAME	WASHINGTON, BENNIE J	
STREET ADDRESS	903 S BROAD ST	
CITY-ST-ZIP	PLANT CITY, FL 335636427	

TITLE	S	<input type="checkbox"/> Delete
NAME	BUXTON, CATHERINE	
STREET ADDRESS	3935 CREEKWOODS DR	
CITY-ST-ZIP	PLANT CITY, FL 33563	

TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, GRACE M	
STREET ADDRESS	15116 SW 38TH AVE	
CITY-ST-ZIP	OCALA, FL 34473	

TITLE	AS	<input type="checkbox"/> Delete
NAME	WARNER, CORA W	
STREET ADDRESS	214 NW 5TH AVE	
CITY-ST-ZIP	MULBERRY, FL 33860	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100160549331	
STREET ADDRESS	09/10/09--01037--001 **61.25	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary W. Washington/Director 9/09/09

813-754-9361

NEW ADDRESS:

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CORA W. WARNER  
2531 RAGINS LN.  
PLANT CITY, FL 33561

2009 Not-For-Profit Corporation  
Annual Report