2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N07000008026

Entity Name: APOSTOLIC TRUTH MINISTRIES, INC.

Current Principal Place of Business:

3205 NE 49TH ST.
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

3205 NE 49TH ST.
OCALA, FL 34479 US

New Mailing Address:

3205 NE 49TH ST.
OCALA, FL 34479

FEI Number: 26-0715746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BASS, THOMAS W
3205 NE 49TH ST.
OCALA, FL 34479 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: P ( ) Delete
Name: BASS, THOMAS W
Address: 3205 NE 49TH ST.
City-St-Zip: OCALA, FL 34479 US

Title: VP ( ) Delete
Name: BASS, JUDITH L
Address: 3205 NE 49TH ST.
City-St-Zip: OCALA, FL 34479 US

Title: DIR ( ) Delete
Name: MEADE, DONALD W SR
Address: PO BOX 6208
City-St-Zip: AKRON, OH 44312 US

Title: DIR ( ) Delete
Name: ENSEY, JERRY
Address: 12391 LYRA DRIVE
City-St-Zip: WILLIS, TX 77318 US

Title: DIR ( ) Delete
Name: JOHNSON, TOM
Address: 7150 LOG ROAD
City-St-Zip: PEYTON, CO 80831 US

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: ( ) 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: THOMAS W BASS P 04/28/2009

Electronic Signature of Signing Officer or Director — Date