

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005771

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** CIRCLE OF TRUTH MINISTRIES, INC.

**Current Principal Place of Business:**

138 N. RIDGEWOOD DRIVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

138 N. RIDGEWOOD DRIVE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SWAINE, ROBERT S  
425 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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: PTD  
Name: ANDREWS, DEANNE  
Address: 2205 CLIFTON STREET  
City-St-Zip: SEBRING, FL 33875

Title: SD  
Name: ANDREWS, KRISTEN  
Address: 2205 CLIFTON STREET  
City-St-Zip: SEBRING, FL 33875

Title: D  
Name: ANDREWS, STACY  
Address: 2205 CLIFTON STREET  
City-St-Zip: SEBRING, FL 33875

Title: D  
Name: MARTIN, ADAM  
Address: 4901 SHAD DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: D  
Name: LIVINGSTON, MICHELLE  
Address: POST OFFICE BOX 3835  
City-St-Zip: SEBRING, FL 33871

I hereby 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 all other like empowered.

SIGNATURE: DEANNE ANDREWS

P

03/22/2011

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

\_\_\_\_\_  
Date