FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # N10951 (4)

1. Corporation Name
TRUTH CHURCH FAMILY WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
140 N.E. 1ST AVE. PO BOX 823 HIGH SPRINGS FL 32643	140 N.E. 1ST AVE. PO BOX 823 HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1985
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2850738 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 611 Everett St.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 ~~Deltona, Fl~~
City & State 23	City & State 28 Deltona, Fl
Zip 24 / Country 25	Zip 29 32725 / Country 30

9. Name and Address of Current Registered Agent

~~PUGH, W WAYNE~~
~~19104 N.W. 151ST AVE.~~
~~ALACHUA FL 32615~~
change of address

10. Name and Address of New Registered Agent

81 Name: W. Wayne Pugh
82 Street Address (P.O. Box Number is Not Acceptable): 611 Everett St
83 ~~Deltona~~
84 City: Deltona FL 85 Zip Code: 32725

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	PUGH, W WAYNE	12 NAME	
STREET ADDRESS	~~19104 N.W. 151ST AVE.~~	13 STREET ADDRESS	611 Everett St
CITY-ST-ZIP	~~ALACHUA FL~~	14 CITY-ST-ZIP	Deltona Fl 32725
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	PUGH, MARIE L	22 NAME	
STREET ADDRESS	~~19104 N.W. 151ST AVE.~~	23 STREET ADDRESS	611 Everett St.
CITY-ST-ZIP	~~ALACHUA FL~~	24 CITY-ST-ZIP	Deltona, Fl 32725
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCCLURE, P TIMOTHY	32 NAME	
STREET ADDRESS	1339 SUNWOOD DR	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	YOUNCE, RUBY	42 NAME	
STREET ADDRESS	611 EVERETT	43 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Wayne Pugh 3-23-95 532-2861
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
W. Wayne Pugh