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

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

DOCUMENT # N12649 (2)

1. Corporation Name
TRUTH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
503 TRAFALGAR PKWY. CAPE CORAL FL 33991	503 TRAFALGAR PKWY. CAPE CORAL FL 33991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1985
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2690293 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 17040 GOLFSIDE CIRCLE	26 17040 Golfside Circle
22 Suite, Apt. #, etc. 806	27 Suite, Apt. #, etc. 806
23 City & State FT. MYERS, FL	28 City & State FT. MYERS, FLORIDA
24 Zip 33908 25 Country	29 Zip 33908 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBSEN, PEGGY S 17040 GOLFSIDE CIRCLE, #806 FT. MYERS FL 33908	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	CD	11 TITLE	☐ Change ☐ Addition
NAME	EWERS, ROGER L	12 NAME	
STREET ADDRESS	4893 LUM RD.	13 STREET ADDRESS	
CITY-ST-ZIP	ATTICA MI 48412	14 CITY ST ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	EWERS, ROSETTA E	22 NAME	
STREET ADDRESS	4893 LUM ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ATTICA MI 48412	24 CITY ST ZIP	
TITLE	AD	31 TITLE	AD ☒ Change ☐ Addition
NAME	JACOBSEN, PEGGY S	32 NAME	JACOBSEN, PEGGY S
STREET ADDRESS	503 TRAFALGAR PKWY.	33 STREET ADDRESS	17040 GOLFSIDE CIRCLE #806
CITY ST ZIP	CAPE CORAL FL 33991	34 CITY ST ZIP	FT. MYERS, FL 33908
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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: Roger L Ewers CD — March 23, 1995 — 810-724-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROGER L. EWERS