

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12649

1. Corporation Name **TRUTH BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address

**503 TRAFALGAR PARKWAY
CAPE CORAL, FL. 33991**

3. Date Incorporated or Qualified **12/19/1985** 3a. Date of Last Report **1955**

| | | | | |
|---|--|--|---|---|
| 2. Principal Place of Business 21 2188 ELKTON COURT | 2a. Mailing Address 26 2188 ELKTON COURT | 4. FEI Number 59-2690293 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| City & State 23 FT. MYERS, FL. | City & State 28 FT. MYERS, FL. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| Zip 24 33907 | Country 25 LEE | Zip 29 33907 | Country 30 LEE | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**JACOBSEN, PEGGY S.
2188 ELKTON COURT
FT. MYERS, FL. 33907**

10. Name and Address of New Registered Agent

| | |
|---|--------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2188 ELKTON COURT |
| 83 | |
| 84 City | FT. MYERS |
| FL | 85 Zip Code 33907 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE C/D/T/P <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME EWERS, ROGER L. | | 1.2 NAME | |
| STREET ADDRESS 4893 LUM ROAD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP LUM, MI. 48412 | | 1.4 CITY-ST-ZIP | |
| TITLE S/V/D <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME EWERS, ROSETTA E. | | 2.2 NAME | |
| STREET ADDRESS 4893 LUM ROAD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP LUM, MI. 48412 | | 2.4 CITY-ST-ZIP | |
| TITLE A/D <input type="checkbox"/> DELETE | | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JACOBSEN, J PEGGY S. | | 3.2 NAME | |
| STREET ADDRESS 2188 ELKTON COURT | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP FT. MYERS, FL. 33907 | | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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)(k), 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** *Roger L. Ewers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 25, 1996 (810) 724-7858

Date

Daytime Phone: #

CR2E037 (12/95)