

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12649** (2)
1. Corporation Name
TRUTH BAPTIST CHURCH, INC.

Principal Place of Business 2188 ELKTON COURT FT. MYERS FL 33907 US	Mailing Address 2188 ELKTON COURT FT. MYERS FL 33907 US
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2. Principal Place of Business 21 621 S.W. 8th Terrace Suite, Apt. #, etc. 22 City & State 23 CAPE CORAL, FL. Zip Country 24 33991 25 Lee	2a. Mailing Address 26 621 S.W. 8th Terrace Suite, Apt. #, etc. 27 City & State 28 CAPE CORAL, FL Zip Country 29 33991 30 Lee
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3. Date Incorporated or Qualified 12/19/1985	Applied For Not Applicable
4. FEI Number 59-2690293	
5. Certificate of Status Desired 1	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 STARON, PEGGY S. 82 Street Address (P.O. Box Number is Not Acceptable) 621 S.W. 8th Terrace 83 84 City CAPE CORAL FL 85 Zip Code 33991
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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 **PEGGY S. STARON AGENT DIRECTOR** *Peggy S. Staron* 01/25/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWERS, ROGER L	1.2 NAME	
STREET ADDRESS	4893 LUM RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATTICA MI 48412	1.4 CITY-ST-ZIP	
TITLE	VCD	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	ATTICA MI 48412	2.4 CITY-ST-ZIP	
TITLE	AD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, PEGGY S.	3.2 NAME	
STREET ADDRESS	17040 GOLFSIDE CRICL #806	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELEY, JOHN C	4.2 NAME	
STREET ADDRESS	2216 YOUNGS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUM MI 48412	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, TIMOTHY	5.2 NAME	
STREET ADDRESS	5387 LUM ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUM MI 48412	5.4 CITY-ST-ZIP	
TITLE		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 hereby certify that the information supplied with this filing 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* **ROGER L. EWERS** 01/25/98 810-724-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E037 (10/97)