2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15022

Entity Name: TRUTH SEED MINISTRIES, INC.

FILED Aug 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3441 GRANTLINE ROAD 1540 BUNKER HILL CT MIMS, FL 32754 US TITUSVILLE, FL 32796 US

Current Mailing Address: New Mailing Address:

3441 GRANTLINE ROAD 1540 BUNKER HILL CT MIMS, FL 32754 US 1540 BUNKER HILL CT TITUSVILLE, FL 32796 US

FEI Number: 59-2678438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CULVER, PHIL

3441 GRANTLINE RD

MIMS, FL 32754 US

ALMEIDA, MARGARET

1540 BUNKER HILL CT

TITUSVILLE, FL 32796 US

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: MARGARET ALMEIDA 08/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: CULVER, PHILIP C., Name: MARGARET ALMEIDA,
Address: 3441 GRANTLINE ROAD Address: 1540 BUNKER HILL CT

City-St-Zip: MIMS, FL City-St-Zip: TITUSVILLE, FL 32796

Title: VD () Delete Title: (X) Change () Addition DAVID SHROPSHIRE, Name: STRONG, MARSHALL R., Name: Address: 1380 JOHN CIRCLE Address: 6225 E BAKER CIR. City-St-Zip: MERRITT ISLAND, FL City-St-Zip: COCOA, FL 32927

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

Name: PROPST, VICKI Name: KYLE SHROPSHIRE,
Address: 2655 OLD BRANDON ROAD Address: 4676 ALAN SHEPPARD AVE

City-St-Zip: PEARL, MS 39208 City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARGARET ALMEIDA PD 08/04/2007

Electronic Signature of Signing Officer or Director

Date