2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90043 024 ****61.25

DOCUMENT # N44540

1. Entity Name
GREATER PRAISE TEMPLE OF TRUTH, INC.

Principal Place of Business	Mailing Address
4377 CRAWFORDVILLE RD. UNIT C TALLAHASSEE, FL 32310	P.O. BOX 14941 TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANE SR, MINISTER ROBERT
6086 PROCTOR RD.
TALLAHASSEE, FL 32309

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TSMD
NAME	LANE, EVELYN MINISTER
STREET ADDRESS	6086 PROCTOR RD.
CITY-ST-ZIP	TALLAHASSEE, FL ~~32310~~ 32309
TITLE	TD
NAME	LANE, ROBERT SR MINISTER
STREET ADDRESS	6086 PROCTOR RD.
CITY-ST-ZIP	TALLAHASSEE, FL ~~32310~~ 32309
TITLE	T
NAME	DAVIS, EDITH J
STREET ADDRESS	2139 WAKULLA ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn Lane EVELYN LANE 2-7-05 850-893-4875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #