

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47401

FILED
May 02, 2007
Secretary of State

Entity Name: TRUTH TABERNACLE OF APOPKA, INC.

Current Principal Place of Business:

8125 GILLIAM RD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

8125 GILLIAM RD
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2470446 **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:

ROWLEY, JOE A
8007 STONE ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROWLEY, JOE A
Address: 8007 STONE RD.
City-St-Zip: APOPKA, FL 32703

Title: VPD () Delete
Name: BASS, THOMAS W
Address: 3205 NE 49TH ST.
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: ROWELL, SAMUEL
Address: 5124 TIMBER RIDGE TR.
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: WHITED, DANIEL
Address: 6150 ALLEN ST.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOE A ROWLEY

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date