

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000003559 (2)**

1. Corporation Name

TRUTH COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

7 N 5 ST
DEFUNIAK SPRINGS FL 32433

P.O. BOX 672
DEFUNIAK SPRINGS FL 32435-0672
US

2. Principal Place of Business

2a. Mailing Address

21 588 BALDWIN AVENUE

26 P. O. BOX 1305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DEFUNIAK SPRINGS, FL

27
City & State
DEFUNIAK SPRINGS, FL

City & State

23

Zip

24 32434

Country

25 WALTON

Zip

28 32435

Country

30 WALTON

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/06/1993

3a. Date of Last Report
02/01/1996

4. FEI Number
59-3201394

Applied For
☒ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

DAVIDSON, OPAL
40 SOUTH 5TH STREET
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent
81 Name
OPAL DAVIDSON CHANDLER (Married)
82 Street Address (P.O. Box Number is Not Acceptable)
812 CIRCLE DRIVE
83 DEFUNIAK SPRINGS
84 City
FL 85 Zip Code
32433

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DAVIDSON, OPAL
STREET ADDRESS	40 S 5TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WHITE, RONALD W
STREET ADDRESS	80 QUAVA AVENUE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, DONALD D
STREET ADDRESS	188 N 9TH ST
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	GLOVER, G. BARRETT
STREET ADDRESS	133 HAPPY LANE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WIES, JAMES
STREET ADDRESS	144 SPRADLIN ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES H.
STREET ADDRESS	891 LAKEVIEW DRIVE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

CR2E037 (9/96)