**FILE NOW: FILING FEE IS $61.25**

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**Jul 29, 1999 8:00 am**
**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
~~1998~~ 1999

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

DOCUMENT # N93000003559 (2) ✓

1. Corporation Name
TRUTH COMMUNICATIONS, INC.

Principal Place of Business
500 BALDWIN AVENUE
DEFUNIAK SPRINGS FL 32434
US

Mailing Address
C/O OPAL DAVIDSON CHANDLER
P O BOX ~~1305~~ 107
DEFUNIAK SPRIGS S FL 32433
US

3. Date Incorporated or Qualified
08/06/1993

4. FEI Number
59-3201394
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIDSON-CHANDLER, OPAL
~~612 CIRCLE DRIVE~~ 395 Lake Holley Circle
DEFUNIAK SPRINGS FL ~~32433~~ 32435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DAVIDSON, OPAL<br>40 S 5TH STREET<br>DEFUNIAK SPRINGS FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>OPAL DAVIDSON CHANDLER<br>395 LAKE HOLLEY CIRCLE - PO BOX 107<br>DEFUNIAK SPRINGS, FL 32435 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHITE, RONALD W<br>80 GUAVA AVENUE<br>DEFUNIAK SPRINGS FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, DONALD D<br>188 N 9TH ST<br>DEFUNIAK SPRINGS FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>GLOVER, G. BARRETT<br>133 HAPPY LANE<br>DEFUNIAK SPRINGS FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WIES, JAMES<br>144 SPRADLIN ROAD<br>DEFUNIAK SPRINGS FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>WILLIAMS, CHARLES H.<br>891 LAKEVIEW DRIVE<br>DEFUNIAK SPRINGS FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E 037 (10/97)

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:** Opal Davidson Chandler 7-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~7-18-98~~ Date 850-892-5995 Daytime Phone # 0079925