

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003559

1. Entity Name

TRUTH COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

588 BALDWIN AVENUE
DEFUNIAK SPRINGS FL 32434
US

C/O OPAL DAVIDSON CHANDLER
PO BOX 107
DEFUNIAK SPRINGS S FL 32435-0107
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3201394

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON-CHANDLER, OPAL
395 LAKE HOLLEY CIR
DEFUNIAK SPRINGS FL 32435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DAVIDSON, OPAL
STREET ADDRESS 395 LAKE HOLLEY CIR- PO BOX 107
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, DONALD D
STREET ADDRESS 188 N 9TH ST
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME GLOVER, G. BARRETT
STREET ADDRESS 133 HAPPY LANE
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WIES, JAMES
STREET ADDRESS 144 SPRADLIN ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME WILLIAMS, CHARLES H.
STREET ADDRESS 891 LAKEVIEW DRIVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Opal Davidson Chandler 1-5-00

Date

(850) 892-5995

Daytime Phone #