

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003559

1. Entity Name

TRUTH COMMUNICATIONS, INC.

Principal Place of Business

588 BALDWIN AVENUE
DEFUNIAK SPRINGS FL 32434
US

Mailing Address

C/O OPAL DAVIDSON CHANDLER
PO BOX 107
DEFUNIAK SPRINGS S FL 32433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3201394

Applied For

Not Applicable

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ARTHUR FRIZZEL
580 TWIN LAKES DR.
DEFUNIAK SPRINGS, FL 32433
Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

850-892-5995

Daytime Phone #

CR2E037 (10/00)

0016471