

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 021 ****61.25

DOCUMENT # N 93 00000 3559

1. Entity Name

TRUTH COMMUNICATIONS, INC. ✓

DO NOT WRITE IN THIS SPACE

672030

2. Principal Place of Business

588 BALDWIN AVE

3. Mailing Address

90 OPAL CHANDLER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 107

City & State

DEFUNIAK SPRINGS, FL.

City & State

DEFUNIAK SPRINGS, FL.

4. FEI Number

59-3201394

Applied For

Not Applicable

Zip

32435

Country

WALTON

Zip

32435

Country

WALTON

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name OPAL DAVIDSON CHANDLER

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

395 LAKE HOLLEY CIRCLE

City

DEFUNIAK SPRINGS

FL

Zip Code

32435

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

FEE IS \$61.25

Initial or Amended UBR

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

TITLE PD
NAME OPAL DAVIDSON CHANDLER
STREET ADDRESS 395 LAKE HOLLEY CIRCLE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ARTHUR W. FRIZZELL
STREET ADDRESS 12 HUCKABA RD
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BARRETT GLOVER
STREET ADDRESS 133 HAPPY LANE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME CHARLES WILLIAMS
STREET ADDRESS 891 LAKEVIEW DRIVE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DONALD D. BROWN
STREET ADDRESS 314 N. 9TH ST
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

OPAL DAVIDSON CHANDLER

SIGNATURE:

Opal Davidson Chandler

5-20-DZ

850-892-5995

CR2E037B (12/01)