## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001992 (5)

THE WAY THE TRUTH THE LIFE FOUNDATION INC.

Principal Place of Business

Mailing Address

1511 E DIANA ST

1511 E DIANA ST

## **FILED** Feb 06 1997 8:00am Secretary of State

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TAMPA FL 3361	0	TAMPA FL 33610-3420				
				3. Date Incorporated or Qualified 04/25/1995	3a. Date of Last Report 04/21/1996	
	lace of Business	2a. Mailing Address	*	4. FEI Number	Applied For	
21 (5)	E. DIANA SV	26 /5/1 E. ()1A	NA SU	APPLIED FOR 59-3	1.101.1455.004.0	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22			6. Election Campaign Financing			
23 TAMOR PLORIDA 28 TAMOR		Floods	Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country S. This corporation has liability for intangible tax under s. 199.03;						
			Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					gistered Agent	
81 Name						
				Address (P.O. Box Number is Not Acceptal	ole)	
1511 E D		- Dinga St				
TAMPA F	EL 33610 /3 // E	1 1 191VA SOL	83		'	
	- TAMO	1 Fl. 22610	B4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0/02	and 617.1508. Florida Statutes.	the above-named	corporation submits this statement for the p	urnose of changing its registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth itions of, Section 617.0503, Floric	horized by the corp la Statutes.	poration's board of directors. I hereby acce	of the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent and title if approable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	OVERTON, PETER		1.2 NAME	relea Over Lon	· _	
STREET ADDRESS	1511 E DIANA ST		1.3 STREET ADDRESS	1511 EDIANA ST.	$O_{\mathcal{D}}$	
CITY-ST-ZIP	TAMPA FL 33610		1.4 CITY - \$1 - 7IP	TAMPA / LONIDASS		
TITLE	VO	☐ DELĒTE	2.1 TITLE	Ra tree Rivert	Change Addition	
NAME	OVERTON, BEATRICE		22 NAME	preading contracts	~	
STREET ADDRESS	1511 E DIANA ST		2.3 STREET ADDRESS	1511 E. Diana St.	V2	
CITY-ST-ZIP	TAMPA FL 33610	DELETE	2. 4 CITY - ST - ZIP	IAMPA FL. 33610	V D	
TITLE	VD	☐ DETEIR	3.1 TITLE	BILL GOMGaran	Change Addition	
NAME ATRICET ADDRESS	GANGARAM, BILL 2230 E 113 AVE		3.2 NAME 3.3 STREET ADORESS	2230 E. 13 Ave	ļ	
STREET ADDRESS	TAMPA FL 33612		3.4. CITY-\$1-ZIP	TAMOA FL. 33612	N7	
CITY-ST-ZIP TITLE	TAMEN EL 33012	DELETE	4.1 TITLE	(H/9)/H /2 3512	Change Addition	
NAME			4.2 NAME	,		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(TY-ST-Z)P		•	
TITLE		☐ DELETE	5.1 TITLE	//	Change Addition	
NAME			5.2 NAME	XX	, 07	
STREET ADDRESS	5.3 STREET ADDRESS		7.60.77			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	() 0	, •	
TITLE		DELETE	6.1 TITLE	Special Special Special Special Special Special Special Special	Change Addition	
NAME			6.2 NAME	00000208 -02/06/97010:	17040	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	11040	
CITY-ST-2IP			6.4 CITY-ST-7IP			
14. I do hereb	by certify that the information supplied	I with this filing does not qualify f	or the exemption st	lated in Section 119.07(3)(i), Florida Statute	s. 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.