

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001992

1. Entity Name

THE WAY THE TRUTH THE LIFE FOUNDATION INC.

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90086 019 \*\*\*\*61.25

Principal Place of Business

1511 E DIANA ST  
TAMPA FL 33610  
US

Mailing Address

1511 E DIANA ST  
TAMPA FL 33610  
US

2. Principal Place of Business

1511 E DIANA Street.  
Suite, Apt. #, etc.

3. Mailing Address

1511 E DIANA Street.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA Florida  
Zip Country

City & State

TAMPA Florida  
Zip Country

4. FEI Number

59-3380621

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVERTON, PETER O  
1511 E DIANA ST  
TAMPA FL 33610

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OVERTON, PETER	
STREET ADDRESS	1511 E DIANA ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OVERTON, BEATRICE	
STREET ADDRESS	1511 E DIANA ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OVERTON, JOHN	
STREET ADDRESS	4704 D COURTNEY LN	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON PETER	
STREET ADDRESS	1511 E DIANA STREET	
CITY-ST-ZIP	TAMPA FLORIDA 33610	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON BEATRICE	
STREET ADDRESS	1511 E DIANA STREET	
CITY-ST-ZIP	TAMPA FLORIDA 33610	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON JOHN	
STREET ADDRESS	3025 GROSS AVENUE	
CITY-ST-ZIP	WAKE FOREST NC 27587	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Peter O. Overton

1/8/2002 813 238-0201

CR2E037 (9/01)