

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90103 010 ****61.25

DOCUMENT # N95000001992

1. Entity Name
THE WAY THE TRUTH THE LIFE FOUNDATION INC.



Principal Place of Business
**1511 E DIANA ST
TAMPA, FL 33610 US**

Mailing Address
**1511 E DIANA ST
TAMPA, FL 33610 US**

50050441



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|-----------------------------|
| TITLE | PD | <i>PD Overton Peter</i> |
| NAME | OVERTON, PETER | |
| STREET ADDRESS | 1511 DIANA ST. | |
| CITY-ST-ZIP | TAMPA, FL 33610 | <i>1511 E DIANA ST</i> |
| TITLE | VD | <i>VD Overton Beatrice</i> |
| NAME | OVERTON, BEATRICE | |
| STREET ADDRESS | 1511 E DIANA ST | |
| CITY-ST-ZIP | TAMPA, FL 33610 | <i>1511 E DIANA ST</i> |
| TITLE | VD | <i>VD Overton John</i> |
| NAME | OVERTON, JOHN | |
| STREET ADDRESS | 3028 GROSS AVE. | <i>3028 GROSS AVE</i> |
| CITY-ST-ZIP | WAKE FOREST, NC 27587 | <i>WAKE FOREST NC 27587</i> |
| 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 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

5/1/05

Date

813-238-0201

Daytime Phone #