## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** Jan 30, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N9500001992 01-30-2003 90127 048 \*\*\*\*61.25 THE WAY THE TRUTH THE LIFE FOUNDATION INC. Principal Place of Business Mailing Address 1511 E DIANA ST 1511 E DIANA ST 90013351 **TAMPA FL 33610 TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address TIE DIANA ISU EDANA Suite, Apt. #, etc Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3380621 City & State Applied For City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OVERTON, PETER O Street Address (P.O. Box Number is Not Acceptable) 1511 E DIANA ST **TAMPA FL 33610** City 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD (eter TITLE ☐ Delete TITLE NORTON ☐ Change □ Addition OVERTON, PETER NAME NAME 1511DIANA ST STREET ADDRESS STREET ADDRESS 1511 E DIANA ST CITY-ST-ZIP CITY-ST-ZIP IAMOA FL TAMPA FL 33610 ☐ Delete TITLE ☐ Change Addition TITLE Checton Beaterra OVERTON, BEATRICE NAME NAME STREET ADDRESS STREET ADDRESS 1511 E DIANA ST 511 E. JUNA CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610 ☐ Change TITLE ☐ Delete TITLE ☐ Addition CHECTON JOHN OVERTON, JOHN NAME MAME 3028 GROSS AVENUE STREET ADDRESS 4704 D COURTNEY LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27604 WAKE FOREST NC 27587 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP