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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000384 (5)**

1. Corporation Name

IT'S TIME TRUTH SPEAKS, MINISTRIES, INC.

Principal Place of Business

Mailing Address

**210 BRADFORD ROAD, #182
TALLAHASSEE FL 32303**

**210 BRADFORD ROAD, #182
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified
01/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8732 OPAL DRIVE

26 8732 OPAL DRIVE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOSELL, ALBERTA
210 BRADFORD ROAD, #182
TALLAHASSEE FL 32303**

81 Name ALBERTA BOSELL

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

8732 OPAL DRIVE

83

84 City TALLAHASSEE, FL

85 Zip Code 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **BOSELL, ALBERTA**
STREET ADDRESS **210 BRADFORD ROAD, #182**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

1.1 TITLE **P/C** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **8732 OPAL DRIVE**
1.4 CITY-ST-ZIP **TALLAHASSEE, FL. 32308**

TITLE **T** ☒ DELETE
NAME **BOSELL, WILFORD**
STREET ADDRESS **210 BRADFORD ROAD, #182**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

2.1 TITLE **T/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **8732 OPAL DRIVE**
2.4 CITY-ST-ZIP **TAL FL. 32308**

TITLE **T** ☒ DELETE
NAME **TAMMY STOKES**
STREET ADDRESS **901 E. 104TH ST. #C112**
CITY-ST-ZIP **CHICAGO, IL. 60628**

3.1 TITLE **T** ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS **TAMMY STOKES**
3.4 CITY-ST-ZIP **901 E. 104TH ST. #C112
CHICAGO, IL. 60628**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE:

Alberta Bosell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-97
Date

668-0945
Daytime Phone # 0076780

CR2E037 (9/96)