

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90099 037 \*\*\*\*61.25

**DOCUMENT # N98000003241**

1. Corporation Name

**THE TRUTH HAS COME TABERNACLE, INC.**

Principal Place of Business

803 N. B ST.  
PENSACOLA FL 32501

Mailing Address

P. O. BOX 17412  
PENSACOLA FL 32522



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

KELLY, OCTAVIA  
1017 W. HILARY ST.  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

☐ DELETE

TITLE D  
NAME KELLY, OCTAVIA  
STREET ADDRESS 1017 W. HILARY ST.  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE TD  
NAME WALKER, CARLOS M  
STREET ADDRESS 1117 N. I ST.  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE SD  
NAME KELLY, RENEE' D  
STREET ADDRESS 1017 W. HILARY ST.  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D  
NAME DANIEL, CORNELIA  
STREET ADDRESS P. O. BOX 17733  
CITY-ST-ZIP PENSACOLA FL 32522

TITLE D  
NAME DANIEL, THERESA  
STREET ADDRESS 3007 BERWICK ST.  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE D  
NAME JOHNSON, GLADYS  
STREET ADDRESS 3281 LAS BRISAS DR.  
CITY-ST-ZIP PENSACOLA FL 32526

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
P.O. BOX 17763  
PENSACOLA, FL 32502

14. 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 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, with all other like empowered.

SIGNATURE: *Octavia Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 (850) 452-6543  
Date Daytime Phone #

CR2E037 (11/98)

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