

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 016 ****70.00

DOCUMENT # N98000003467 1. Entity Name THE PLAIN TRUTH MINISTRY CORPORATION	
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Principal Place of Business 15354 OLD GAIN ROAD MCINTOSH, FL 32664	Mailing Address P.O. BOX 245 MCINTOSH, FL 32664
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DO NOT WRITE IN THIS SPACE

94026835



03062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-2171791	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARR, JIMMY
NORTH HIGHWAY 441 21121
MCINTOSH, FL 32664**

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: *Jimmy Carr* DATE: 3-5-04

Signature (Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, JIMMY NORTH HIGHWAY 441 21121 MCINTOSH, FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP RICHARDSON, TAMMY NORTH HIGHWAY 441 21121 MCINTOSH, FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIN CARR, CONTINA 3103 N.E. 1ST, APT 64 GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jimmy Carr* Date: 3-5-04 Daytime Phone #: 325-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR