2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2014
Secretary of State
CC2875827370

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Entity Name: TEMPLE OF TRUTH MINISTRIES OF JESUS CHRIST, INC.

Current Principal Place of Business:

38141 MCDONALD STREET
DADE CITY, FL 33525

Current Mailing Address:

P.O.BOX 2031
DADE CITY, FL 33526

FEI Number: 56-2109956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKEVER, LASHAUNDA
37501 OAKVIEW CIRCLE
DADE CITY, FL 33523 US

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.

SIGNATURE: LASHAUNDA MCKEVER 05/01/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PC
Name	MCLEAN, AMELIA
Address	1003 HAPPY HILL RD.
City-State-Zip:	FAIRMONT NC 28340

Title	S
Name	FRAZIER, KATRINA
Address	14834 11TH ST
City-State-Zip:	DADE CITY FL 33523

Title	D
Name	BROWN, JAMES L
Address	300 JENKINS
City-State-Zip:	FAIRMONT NC 28340

Title	T
Name	LEWIS, SHIRREA
Address	14829 12TH ST
City-State-Zip:	DADE CITY FL 33523

Title	VVC
Name	MCLEAN, FELECIA ACLEMONS
Address	308 HOLLY ST.
City-State-Zip:	LUMBERTON NC 28358

Title	T
Name	MCLEAN, TANAJA L
Address	309 SPRUCE ST.
City-State-Zip:	LUMBERTON NC 28358

Title	D
Name	MCLEAN, JOSHUA
Address	308 HOLLY ST
City-State-Zip:	LUMBERTON NC 28358

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATRINA FRAZIER S 05/01/2014

Electronic Signature of Signing Officer/Director Detail — Date