

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007949

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: PILLAR OF TRUTH MINISTRIES INC.

## Current Principal Place of Business:

1459 ROSE HILL DR W  
JACKSONVILLE, FL 32221

## New Principal Place of Business:

## Current Mailing Address:

1459 ROSE HILL DR W  
JACKSONVILLE, FL 32221

## New Mailing Address:

FEI Number: 51-0518924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SBANO, JOSEPH J V  
1459 ROSE HILL DRIVE WEST  
JACKSONVILLE, FL 32221 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROWN, WALTER  
Address: 8985 NORMANDY BLVD. LOT 5  
City-St-Zip: JACKSONVILLE, FL 32221

Title: V ( ) Delete  
Name: SBANO, JOE  
Address: 1459 ROSE HILL DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32221

Title: S ( ) Delete  
Name: DOONER, SHARON  
Address: 8985 NORMANDY BLVD. LOT 98  
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete  
Name: BIGOS, PATRICIA  
Address: 10358 COW PEN RD  
City-St-Zip: SANDERSON, FL 32087

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA M BIGOS

T

02/21/2009

Electronic Signature of Signing Officer or Director

Date