

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33484** (9)

1. Corporation Name
SWORD OF TRUTH MINISTRIES, INC.



Principal Place of Business: **11835-A RAINTREE DR PANAMA CITY FL 32404**
Mailing Address: **390 TYNDALL PKY #318 PANAMA CITY FL 32404 US**

3. Date Incorporated or Qualified: **07/27/1989**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business: **11835-A RAINTREE DR.**
2a. Mailing Address: **11835-A RAINTREE DR.**
21. Suite, Apt. #, etc.
22. City & State: **PANAMA CITY, FL**
23. Zip: **32404** Country: **US**

4. FEI Number: **59-2981785**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LOWELL, ROBERT O.
11835-A RAINTREE DR
PANAMA CITY FL 32404**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL, ROBERT O.	1.2 NAME	
STREET ADDRESS	11835-A RAINTREE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	VDS DELETE <u>NO</u>	2.1 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROUGHS, LIEVELLA R	2.2 NAME	BURROUGHS, LIEVELLA R.
STREET ADDRESS	11835-B RAINTREE DR	2.3 STREET ADDRESS	2706 STATION CLUB DR
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL, DORIS A	3.2 NAME	
STREET ADDRESS	11835-A RAINTREE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	PD DELETE <u>NO</u>	4.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROUGHS, MAXWELL	4.2 NAME	BURROUGHS, MAXWELL
STREET ADDRESS	11835-B RAINTREE DR	4.3 STREET ADDRESS	2706 STATION CLUB DR
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	POPE, BETTY
STREET ADDRESS		5.3 STREET ADDRESS	2706 STATION CLUB DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert O. Lowell ROBERT O. LOWELL 5-1-96 (904) 871-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)