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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 11825-A RAINTREE DRIVE PANAMA CITY FL 32404-2743 US

3. Date Incorporated or Qualified: 07/27/1989  
3a. Date of Last Report: 05/01/1996

|                                |                       |   |   |
|--------------------------------|-----------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address   | 4. FEI Number   | Applied For   |
| 21. Suite, Apt. #, etc.        | 26. 821-H CONCORD RD. | 59-2981785  | Not Applicable  |
| 22. 2201 STATION CLUB DR       | 27. SUITE 202         | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 23. MARIETT, GA                | 28. SMYRNA, GA        | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| 24. 30060                      | 29. 30080             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25. USA                        | 30. USA               |   |   |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent                  | 10. Name and Address of New Registered Agent  |
| LOWELL, ROBERT O.<br>11835-A RAINTREE DR<br>PANAMA CITY FL 32404 | 81. Name: Michael and Donna Hubbard<br>82. Street Address (P.O. Box Number is Not Acceptable): 6928 Cole Rd.<br>83. Panama City, FL<br>84. City: Panama City, FL<br>85. Zip Code: 32404 |

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: Michael Hubbard (typed) / Donna Hubbard (handwritten) DATE: 2-27-97

| 12. OFFICERS AND DIRECTORS              |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|-----------------------------|---|--|
| TITLE: CD                               | NAME: LOWELL, ROBERT O.     | 1.1 TITLE:  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 11835-A RAINTREE DR     | CITY-ST-ZIP: PANAMA CITY FL | 1.2 NAME:   |  |
| TITLE: VD                               | NAME: BURROUGHS, LIEVELLA   | 1.3 STREET ADDRESS: 2201 STATION CLUB DR              |  |
| STREET ADDRESS: 2706 STATION CLUB DRIVE | CITY-ST-ZIP: MARIETTA GA    | 1.4 CITY-ST-ZIP: MARIETTA, GA 30060                   |  |
| TITLE: VTD                              | NAME: LOWELL, DORIS A       | 2.1 TITLE:  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 11835-A RAINTREE DR     | CITY-ST-ZIP: PANAMA CITY FL | 2.2 NAME:   |  |
| TITLE: PD                               | NAME: BURROUGHS, MAXWELL    | 2.3 STREET ADDRESS:                                   |  |
| STREET ADDRESS: 2706 STATION CLUB DRIVE | CITY-ST-ZIP: MARIETTA GA    | 2.4 CITY-ST-ZIP:                                      |  |
| TITLE: DS                               | NAME: POPE, BETTY           | 3.1 TITLE:  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 2706 STATION CLUB DRIVE | CITY-ST-ZIP: MARIETTA GA    | 3.2 NAME:   |  |
| TITLE:                                  | NAME:                       | 3.3 STREET ADDRESS: 2201 STATION CLUB DR              |  |
| STREET ADDRESS:                         | CITY-ST-ZIP:                | 3.4 CITY-ST-ZIP: MARIETTA, GA 30060                   |  |
| TITLE:                                  | NAME:                       | 4.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                         | CITY-ST-ZIP:                | 4.2 NAME:   |  |
| TITLE:                                  | NAME:                       | 4.3 STREET ADDRESS:                                   |  |
| STREET ADDRESS:                         | CITY-ST-ZIP:                | 4.4 CITY-ST-ZIP:                                      |  |
| TITLE:                                  | NAME:                       | 5.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                         | CITY-ST-ZIP:                | 5.2 NAME:   |  |
| TITLE:                                  | NAME:                       | 5.3 STREET ADDRESS:                                   |  |
| STREET ADDRESS:                         | CITY-ST-ZIP:                | 5.4 CITY-ST-ZIP:                                      |  |
| TITLE:                                  | NAME:                       | 6.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                         | CITY-ST-ZIP:                | 6.2 NAME:   |  |
| TITLE:                                  | NAME:                       | 6.3 STREET ADDRESS:                                   |  |
| STREET ADDRESS:                         | CITY-ST-ZIP:                | 6.4 CITY-ST-ZIP:                                      |  |

14. I do 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.

SIGNATURE: [Handwritten Signature] DATE: 2-14-97 DAYTIME PHONE: 770-438-8229

CR2E037 (9/96)