


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004567 (1)**

1. Corporation Name

THE WORD OF GRACE & TRUTH MINISTRIES INC.



Principal Place of Business	Mailing Address
3406 EAST 21ST AVENUE TAMPA FL 33605	3406 EAST 21ST AVENUE TAMPA FL 33605-2241

3. Date Incorporated or Qualified 09/04/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 2725 N. Florida Ave	26 2725 N. Florida Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tampa, Florida	28 Tampa, Florida
Zip	Zip
24 33602	29 33602
Country	Country
25 Hillsborough	30 Hillsborough

4. FEI Number 59 3399480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DOZIER, THOMAS L 3406 EAST 21ST AVENUE TAMPA FL 33605	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 *Thomas L. Dozier* *Thomas L. Dozier (Pastor)* **5-3-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	Loretta Jones / Trustee
STREET ADDRESS	2339 Palmetto St.
CITY-ST-ZIP	Tampa, FL 33607
TITLE	<input type="checkbox"/> DELETE
NAME	Cynthia Armstrong / Trustee
STREET ADDRESS	1725 E Idell St.
CITY-ST-ZIP	Tampa, FL 33604
TITLE	<input type="checkbox"/> DELETE
NAME	Claudia Dozier / Trustee
STREET ADDRESS	3406 E 21st Ave. Secretary
CITY-ST-ZIP	Tampa, FL 33605
TITLE	<input type="checkbox"/> DELETE
NAME	Bernadine Jackson / Trustee
STREET ADDRESS	16145 Rambling Vine Dr.
CITY-ST-ZIP	Tampa, FL 33624
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E037 (9/96)