## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004567

FILED Apr 03, 2009 Secretary of State

Entity Name: THE WORD OF GRACE & TRUTH MINISTRIES INC.

**Current Principal Place of Business: New Principal Place of Business:** 11106 N 30TH ST 3001 EAST HANNA AVENUE TAMPA, FL 33612 TAMPA, FL 33610 US **Current Mailing Address: New Mailing Address:** 11106 N 30TH ST P.O. BOX 46456 TAMPA, FL 33612 US TAMPA, FL 33646 US FEI Number: 59-3399480 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOZIER, THOMAS L 1013 TUSCANNY STREET BRANDON, FL 33511 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DOZER, THOMAS L Name: Name: 1013 TUSCANNY ST Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: AADM () Delete Title: () Change () Addition Name: DOZIER, CLAUDIA Name: Address: 1013 TUSCANNY ST Address: City-St-Zip: BRANDON, FL City-St-Zip: Title: () Delete Title: () Change () Addition DIXON, GERALD Name: Name: 15247 AMBERLY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition HELM, ERNEST Name: Name: 3408 CONRAD ST Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: PR ( ) Delete Title: (X) Change ( ) Addition DENNIS, GLORIA CHONTA, HAYNES Name: Name: 1555 NW 143RD STREET 17904 CACHET ISLE DRIVE Address: Address: City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: () Change () Addition DOZIER, CLAUDIA Name: Name: Address: 1013 TUSCANNY ST Address: BRANDON, FL 33511 City-St-Zip: 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: THOMAS L. DOZIER P 04/03/2009