

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000001851

**Entity Name:** WORD OF TRUTH MINISTRY CHURCH, INC**Current Principal Place of Business:**9350 BAY PLAZA BLVD.  
SUITE 125  
TAMPA, FL 33619**Current Mailing Address:**POST OFFICE BOX 2366  
RIVERVIEW, FL 33568 US**FEI Number: 84-4844627****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WRIGHT, MARCUS SR  
9822 WHITE BARN WAY  
RIVERVIEW, FL 33569 US*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

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | CHARITY, RICHARD     |
| Address         | POST OFFICE BOX 2366 |
| City-State-Zip: | RIVERVIEW FL 33568   |

|                 |                      |
|-----------------|----------------------|
| Title           | P                    |
| Name            | WRIGHT, MARCUS SR.   |
| Address         | POST OFFICE BOX 2366 |
| City-State-Zip: | RIVERVIEW FL 33568   |

|                 |                      |
|-----------------|----------------------|
| Title           | VT                   |
| Name            | WRIGHT, VALENCIA     |
| Address         | POST OFFICE BOX 2366 |
| City-State-Zip: | RIVERVIEW FL 33568   |

|                 |                      |
|-----------------|----------------------|
| Title           | S                    |
| Name            | THOMPSON, NIKITA     |
| Address         | POST OFFICE BOX 2366 |
| City-State-Zip: | RIVERVIEW FL 33568   |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | THOMPSON, LAWRENCE   |
| Address         | POST OFFICE BOX 2366 |
| City-State-Zip: | RIVERVIEW FL 33568   |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | CHARITY, LAQUAN      |
| Address         | POST OFFICE BOX 2366 |
| City-State-Zip: | RIVERVIEW FL 33568   |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | WRIGHT, MARCUS II    |
| Address         | POST OFFICE BOX 2366 |
| City-State-Zip: | RIVERVIEW FL 33568   |

I hereby 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 all other like empowered.

**SIGNATURE: MARCUS WRIGHT****PASTOR****02/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date