FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

WORD OF TRUTH MISSIONARY BAPTIST CHURCH, IN.

Mar 03 1998 8:00am Secretary of State

FILED

Principal Pla	ce of Business	Mailing Address				
7137 CISCO GARDEN RD. JACKSONVILLE FL 32219		7137 CISCO GARDEN RD. JACKSONVILLE FL 32219			3. Date Incorporated or Qualified 11/26/1974 4. FEI Number Applied Fo	
A Drivering	Diseased Decision				59-3030823 Not Applic	
	2. Principal Place of Business 2e. Mailing Address				5. Certificate of Status Desired \$8.75 Addition	al
28				Fee Required 6. Election Campaign Financing \$5.00 May Be		$\overline{}$
22 27					Trust Fund Contribution Added to Fees	
City & State City & State				7. Is this nonprofit corporation a homeowners association?		
28 26			☐ Yes 🔀 No			
[Zip	Country	Zip	h		8. This corporation owes or has paid the current year Intangible	
24	25 29 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No	
	9, Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New Registered Agent	
CALIAN	NEOP 1 II		81	Name	,	
SAUNDERS, L.H.			82	Street	t Address (P.O. Box Number is Not Acceptable)	
6611 BLANDING BLVD. JACKSONVILLE FL 32244			83	l		-
UNONU	OHVILLE I'E SEETI		Ĺ			
			84	City	FL 85 Zip Code	
11. Pursuan	t to the provisions of Sections 617.	0502 and 617.1508, Florida Statuti	es, the abov	e-named	d corporation submits this statement for the purpose of changing its registr	ered
office or agent. I	registered agent, or both, in the S am familiar with, and accept the of	tate of Florida. Such change was a bligations of, Section 617,0503. Flo	authorized by orida Statute	y the cor. s.	d corporation submits this statement for the purpose of changing its register rooration's board of directors. I hereby accept the appointment as register	red
SIGNATURE				•		
DIDITATIONE	Signature, typed or printed name of registered		L: Registered Ap	enl signature	re required when reinstating) DATE	
12.		AND DIRECTORS	13.			
TITLE	PD ANNIDEDO A LI	☐ DELETE	1.1 TITLE		T/D Change Ad	idition
NAME	SAUNDERS, L.H.		1.2 NAME		Villarreal Betty	
STREET ADDRESS	6611 BLANDING BLVD. JACKSONVILLE FL					
CITY-ST-ZIP TITLE	TS JACKSONVILLE PL	☐ DELETE	1.4 CITY-5	T-ZIP	Jack SONVILLE, FI. 32220	edition.
NAME	VILLARREAL, BETTY	☐ Dereit	2.1 TITLE 2.2 NAME		Watson Dianne	ן מכווום.
STREET ADDRESS	4555 615 51 1111 5615	4 ALD DI 4411/ DA 40		4000000	imiaa kattaa Candad Vd	
	JACKSONVILLE FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Jacksonville, Fla. 32219	
CITY-ST-ZIP TITLE	VPD	DELETE	3.1 TITLE	SI-ZIP	Change Ad	dition
NAME	NORRIS, JUNE	P percit	3.2 NAME		C stally C A	JAN 11
STREET ADDRESS			3.3 STREET	Annaess		
CITY-ST-ZIP	JACKSONVILLE FL 32219		3.4, City-			
TITLE	VPD	DELETE	4.1 TITLE	J1 28	☐ Change ☐ Ade	dition
NAME	NORRIS, JUNE	<u> </u>	4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		i
CITY-ST-ZIP	LACK COANTILE TA		4.4 CITY-S			
TITLE	1	DELETE	5.1 TITLE		Change Ade	dition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		l
TITLE		DELETE	6.1 TITLE		Change Add	dition
NAME			6.2 NAME			İ
STREET ADDRESS			6.3 STREET	ADDRESS		

14. Thereby 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 is true and accurate and that my signature shall have the same legal effect as if made under cath; 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. 904-

CITY-ST-ZIP

6.3 STREET ADDRESS