PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris.

Secretary of State

DIVISION OF CORPORATIONS

731240 DOCUMENT #

1. Corporation Name

WORD OF TRUTH MISSIONARY BAPTIST CHURCH, IN.

Principal Place of Business

Mailing Address

7137 CISCO GARDENS RD. E.

7137 CISCO GARDENS RD. E.

FILED TURE PARY OF STATE OF VISION OF CORPORATIONS

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| JACKSONVILLE FL 32219 | | JACKSONVILLE FL 32219 | | | | | | |
|---------------------------------------|--|---|--|--|---------------------------------------|---|--|--|
| If above a | addresses are incorrect in any way, line th | rough incorrect in | nformation and enter o | correction below. |] | | | |
| | ncipal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | | Date Incorporated or Qualified To Do Business in Florida 11/26/1974 | | |
| Suite, Apt. | #, etc. | Suite, Apt. # | Suite, Apt. #, etc. | | | _5FELNumber Applied For | | |
| City & Stat | <u> </u> | City & State | City & State | | 59-3030823 | | Not Applicable | |
| Zip | Country | Zip | Country | • | 1 | E OF STATUS DESIRED | 75 Additional Fee required or a Certificate of Status | |
| 7. Names | and Street Addresses of Each Officer an | d/or Director (Flo | orida nonprofit corpora | tions must list at lea | ast 3 directors) | 10003459 | 1545 | |
| Title(s) | Name of Officers and/or Directors | | Stre | eet Address of Each icer and/or Director | ר | 11/09/00 01104 006 *****61.005/s:*****61.25 | | |
| TD | SANDERS, FAYE | 10903 OLD GAINESVILLE RD. | | | JACKSONVILLE FL 32221 | | | |
| SD | WATSON, DIANNE | 6315 BOB-0-Line Rd | | | JACKSONVILLE FL 32219 | | | |
| VD | NORRIS, JUNE | | 5423 Wandering Trail | | | JACKSONVILLE FL 32219 | | |
| | | | | | ' | | | |
| | | | | | | 1/1/2 | | |
| | | | | _ | | Bun | | |
| | 8. Name and Address of Currer | jent | 9. Name and Address of New Registered Agent | | | | | |
| | | 5 | | Name | | | ودي حيي د . | |
| Saunders, L.H. 6611 Blanding BLVD. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| JACKSONVILLE FL 32244 | | | | Suite, Apt. #, Etc. | | | | |
| | | | | City State Zip Code | | | | |
| 10. I, bein | g appointed the registered agent of the a | bove named corp | ooration, am familiar w | ith and accept the c | obligations of Sec | tion 607.0505, F.S. | | |
| Signature Registered | Agent | india. | REQU GENT MUST SIGN | <u> IIRED</u> | | Date <u>10 - 2</u> 2 | 1-00 | |
| this rei | y that I am an officer or director or the rec nstatement application, the reason for dis by the corporation have been paid and the application is true and accurate, and my | eiver or trustee e solution has bee e names of indivi | empowered to execute in eliminated, the corporation | orate name satisfies m do not qualify foi | s the requirement r an exemption u | s of section 607.0401 or 617.0 | 14U1, F.S., that all fees | |

The Word of Truth Missionary Baptist Church 7137 Cisco Gardens Road East Jacksonville, Florida 32219 (904)765-1383





We are sending the Corporation paper and few to renew. We never received the original renewal letter and when we called your office we were told to send this in with the regular fee because for some reason the original was returned for some reason the original was returned by the Post Office. We are sorry for by the Post Office. We are sorry for any the Post Office. We are sorry for any the Post Office.

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