

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90149 035 ****61.25

DOCUMENT # 731240

1. Entity Name

WORD OF TRUTH MISSIONARY BAPTIST CHURCH, IN.



Principal Place of Business

**7137 CISCO GARDENS RD. E.
JACKSONVILLE FL 32219**

Mailing Address

**7137 CISCO GARDENS RD. E.
JACKSONVILLE FL 32219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3030823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SAUNDERS, L.H.
6611 BLANDING BLVD.
JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent

Name

KENNETH RAY WEBB

Street Address (P.O. Box Number is Not Acceptable)

1085 BROWNS RD

City

MIDDLEBURG FL

FL

Zip Code

32068

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, FAYE	
STREET ADDRESS	10903 OLD GAINESVILLE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, DIANNE	
STREET ADDRESS	6315 BOB-O-LINK RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NORRIS, JUNE	
STREET ADDRESS	5423 WANDERING TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA LYNN THRIFT	
STREET ADDRESS	6230 MOCKING BIRD RD	
CITY-ST-ZIP	JAX FL 32219	
TITLE	SECRETARY (SD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELMA A. WEBB	
STREET ADDRESS	1085 BROWNS RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	PRESIDENT / PASTOR (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH R. WEBB	
STREET ADDRESS	1085 BROWNS RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-1-03

904-509-0100

CR2E037 (10/02)