

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA SECRETARY OF STATE  
Barbara B. Harrison  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN -8 AM 9:40

**DOCUMENT # 762920 (7)**

1. Corporation Name  
**SWORD OF THE SPIRIT MINISTRIES, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1982** 3a. Date of Last Report **12/02/1994**

4. FEI Number **59-2206009** Applied For ☐ Not Applicable ☐

Principal Place of Business Mailing Address  
**% REV. WAYNE T JORDAN  
4439 PORPOISE DRIVE SE  
ST PETERSBURG FL 33705**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, REV. WAYNE T.  
4439 PORPOISE DRIVE SE  
ST PETERSBURG FL 33705**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVD**  
NAME **JORDAN, REV. WAYNE T**  
STREET ADDRESS **4439 PORPOISE DR, SE**  
CITY - ST - ZIP **ST PETERSBURG FL**  
TITLE **D**  
NAME **SERVEDO, DANIEL**  
STREET ADDRESS **5511 CRSSMAN DR**  
CITY - ST - ZIP **ST PETERSBURG FL**  
TITLE **STD**  
NAME **JORDAN, TERRIE**  
STREET ADDRESS **4439 PORPOISE DR, S.E.**  
CITY - ST - ZIP **ST PETERSBURG FL**  
TITLE **D**  
NAME **BURNARD, HARRY**  
STREET ADDRESS **4100 LULLABY LN**  
CITY - ST - ZIP **HOLIDAY FL**  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rev. Wayne T Jordan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REV WAYNE T. JORDAN 6-3-95 822-6395**  
Date (Day/Mo/Yr)