

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003465

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** SWORD OF THE LORD INTERNATIONAL MINISTRY, INC.

**Current Principal Place of Business:**

1379 WINBURN DRIVE  
EASTPOINT, GA 30344

**New Principal Place of Business:**

**Current Mailing Address:**

1379 WINBURN DRIVE  
EASTPOINT, GA 30344

**New Mailing Address:**

**FEI Number:** 58-2490393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, JOHN  
15959 SW 54TH CT  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: HALL, RANDY D  
Address: 808 FRANKLIN STREET  
City-St-Zip: ROANOKE, AL 36274

Title: VD  
Name: HALL, PHILIP E  
Address: 808 FRANKLIN STREET  
City-St-Zip: ROANOKE, AL 36274

Title: S  
Name: BESS, REGINA  
Address: 1379 WINBURN DR.  
City-St-Zip: EASTPOINT, GA 30344

Title: T  
Name: PHILLIPS, BETTY  
Address: 1010 TUCKAWANNA DR SW  
City-St-Zip: ATLANTA, GA

Title: D  
Name: HALL, AYNITA  
Address: 808 FRANKLIN STREET  
City-St-Zip: ROANOKE, AL 36274 US

Title: D  
Name: NEWSON, TOMMY  
Address: 60 POST OAK TRACE  
City-St-Zip: VILLA RICA, GA 30180 US

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: AYNITA HALL

D

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date