


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 032 ****70.00

DOCUMENT # N00000001904		
1. Entity Name THE WHOLE TRUTH MISSION CHURCH OF GOD IN CHRIST, INC.		
Principal Place of Business 615 E FISHER STREET PENSACOLA FL 32503		Mailing Address 9049 CARRIBEAN PENSACOLA FL 32506
2. Principal Place of Business		3. Mailing Address 615 EAST FISHER STREET
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State PENSACOLA, FL.
Zip	Country	Zip 32503 Country ESCAMBIA



2nd MOORE CR2E037 (5/05)

4. FEI Number 59-3237821		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIVINES, KENNETH J 9049 CARRIBEAN DR PENSACOLA FL 32506		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 _____

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIVINES, KENNETH J 9049 CARRIBEAN DRIVE PENSACOLA FL 32506 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERSON, BETTE L 4404 HARVE WAY PENSACOLA FL 32505-3022 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERSON, BETTE L 6111 ENTERPRISE DR. APT. 304 PENSACOLA, FL. 32505 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOYD, MICHAEL A 1307 NORTH "P" STREET PENSACOLA FL 32505 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERSON, IVY JR 288 E. OLIVE RD., APT 9B PENSACOLA FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERSON, IVY JR. 6111 ENTERPRISE DR. APT. 304 PENSACOLA, FL. 32505 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ivy Roberson Jr. **IVY ROBERSON JR.** **8/2/05 850/858-0712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #