

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001904**

1. Entity Name  
**THE WHOLE TRUTH MISSION CHURCH OF GOD IN CHRIST, INC.**



Principal Place of Business      Mailing Address

**615 E FISHER STREET  
 PENSACOLA, FL 32503**      **615 E FISHER STREET  
 PENSACOLA, FL 32503**

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**59-3237821**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIVINES, KENNETH J  
 9049 CARRIBEAN DR  
 PENSACOLA, FL 32506**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BIVINES, KENNETH J
STREET ADDRESS	9049 CARRIBEAN DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	T
NAME	ROBERSON, BETTE L
STREET ADDRESS	6111 ENTERPRISE DR, APT 304
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	T
NAME	LOYD, MICHAEL A
STREET ADDRESS	1307 NORTH "P" STREET
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	T
NAME	ROBERSON, IVY JR
STREET ADDRESS	6111 ENTERPRISE DR, APT 304
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	T
NAME	WIGGINS, CYNTHIA D
STREET ADDRESS	101 ARICIA
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000777326  
 01/10/08-80003-015 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.**      Date: **01/07/08**      Daytime Phone: **856-858-0712**