2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007446

FILED Apr 30, 2004 Secretary of State

Entity Name: TRUE FAITH WORD OF TRUTH WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

13300 ATLANTIC BLVD. 13923 SWAPS DR.

APT. 616 LOT 219

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32250

Current Mailing Address: New Mailing Address:

13300 ATLANTIC BLVD. P.O. 54201

APT. 616 JACKSONVILLE, FL 32245 JACKSONVILLE, FL 32225

FEI Number: 59-3682813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WHIBBS, VINCENT J JR. 421 N. PALAFOX STREET PENSACOLA, FL 32501 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:DAVIS, CORNELIOUSName:DAVIS, CORNELIOUS AAddress:5166 OLD OAK RDAddress:13923 SWAPS DR.

 Address:
 5166 OLD OAK RD
 Address:
 13923 SWAPS DR.

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 JACKSONVILLE, FL 32250

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 DAVIS, LESLIE M
 Name:
 DAVIS, LESLIE M

 Address:
 5166 OLD OAK ROAD
 Address:
 13923 SWAPS DR.

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 JACKSONVILLE, FL 32250

Title: () Delete Title: (X) Change () Addition HELMS, WAYNE KRETZENBACHER, VIVIAN A Name: Name: 1241 HAWTHORNE DRIVE Address: Address: 2502 DANCER DR LOT 511 City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CORNELIOUS A. DAVIS PD 04/30/2004