

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90960 035 \*\*\*\*70.00

**DOCUMENT # N02000000291**

**1. Entity Name**  
**GOSPEL TRUTH MINISTRIES INC.**



**Principal Place of Business**  
**311 PENNSYLVANIA AVE**  
**FT. LAUDERDALE FL 33312**

**Mailing Address**  
**311 PENNSYLVANIA AVE**  
**FT. LAUDERDALE FL 33312**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**26-0036539**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WHITFIELD, WILLIE**  
**311 PENNSYLVANIA AVE**  
**FT. LAUDERDALE FL 33312**

**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**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**T** ☒ Delete  
**NAME** Patricia Gay  
**STREET ADDRESS** 4170 NW 21st AVE APT #J-203  
**CITY-ST-ZIP** OKLD PK, FL 33309

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

☐ Change ☐ Addition  
**P**  
**NAME** Willie Whitfield  
**STREET ADDRESS** 311 Pennsylvania Av  
**CITY-ST-ZIP** Ft Lauderdale, FL 33312

☐ Change ☐ Addition  
**S**  
**NAME** Shannetta Spikes  
**STREET ADDRESS** 1409 NW 3rd AVE APT #A  
**CITY-ST-ZIP** Ft Lauderdale, FL 33311

☒ Change ☒ Addition  
**T**  
**NAME** James Ford  
**STREET ADDRESS** 4711 NW 13th Ct  
**CITY-ST-ZIP** Lauder Hill, FL 33313

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** Willie Whitfield

04-04-03

(954) 316-0830

CR2E037 (10/02)