

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90001 044 ****61.25

DOCUMENT # N02000001202

1. Entity Name
WHOLE TRUTH GOSPEL MINISTRIES, INC.



Principal Place of Business

5895-5 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207

Mailing Address

11990 BEACH BLVD., #395
JACKSONVILLE, FL 32246

94039407



06282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3651618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, CEDRIC D SR
11990 BEACH BLVD., #345
JACKSONVILLE, FL 32246

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLINS, CEDRIC D SR
STREET ADDRESS	11990 BEACH BLVD., #345
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VD
NAME	COLLIER, WILLIE F II
STREET ADDRESS	11990 BEACH BLVD., #345
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	STD
NAME	COLINS, SUSIE M
STREET ADDRESS	11990 BEACH BLVD., #345
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Susie M Collins Susie M. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04

Date

904-998-9029

Daytime Phone #