2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002271

FILED Feb 07, 2008 Secretary of State

Entity Name: THE WORD OF TRUTH CHRISTIAN MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business: 1908 SILVER STAR RD 2620 N. HIAWASSEE RD ORLANDO, FL 32804 ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 5979 KENLYN CT ORLANDO, FL 32808 FEI Number: 81-0547622 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: DEWITT, ANTHONY D 5979 KENLYN CT ORLANDO, FL 32808 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: () Delete () Change () Addition DEWITT, INGA Name: Name: 5979 KENLYN CT Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition WHITE, LAKETIA Name: DOBY, HEIDI Name: Address: 2638 SILVER HILLS DRIVE APT1 Address: 7472 WOODBURN CT UNIT 37 City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32792 Title: () Delete Title: () Change () Addition MCCOY, VICTORIA Name: Name: 6856 CORAL COVE DR Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: MCCOY, DARRIN D Name: Address: 6856 CORAL COVE DR Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition FEBE, NYIDA Name: Name: 5618 PGA BLVD #1635 Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: () Delete Title: (X) Change () Addition THOMPKINS, SEBRENA PAUL, CALLOWAY Name: Name: Address: 2638 SILVER HILLS DRIVE #7 Address: 5937 A WINEGUARD ORLANDO, FL 32818 ORLANDO, FL 32809 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DARRIN MCCOY VPD 02/07/2008