2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N02000002271

Entity Name: THE WORD OF TRUTH CHRISTIAN MINISTRIES INC.

Current Principal Place of Business:

2620 N. HIAWASSEE RD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

5979 KENLYN CT
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 81-0547622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEWITT, ANTHONY D
5979 KENLYN CT
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	DEWITT, INGA	
Address:	5979 KENLYN CT	
City-St-Zip:	ORLANDO, FL 32808	
Title:	SD	( ) Delete
Name:	DOBY, HEIDI	
Address:	7472 WOODBURN CT UNIT 37	
City-St-Zip:	ORLANDO, FL 32792	
Title:	D	( ) Delete
Name:	MCCOY, VICTORIA	
Address:	6856 CORAL COVE DR	
City-St-Zip:	ORLANDO, FL 32818	
Title:	VPD	( ) Delete
Name:	MCCOY, DARRIN D	
Address:	6856 CORAL COVE DR	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	FEBE, NYIDA	
Address:	5618 PGA BLVD #1635	
City-St-Zip:	ORLANDO, FL 32839	
Title:	D	( ) Delete
Name:	PAUL, CALLOWAY	
Address:	5937 A WINEGUARD	
City-St-Zip:	ORLANDO, FL 32809	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MCCOY, DARRIN D	
Address:	6856 CORAL COVE DR	
City-St-Zip:	ORLANDO, FL 32818	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	PAUL, CALLOWAY	
Address:	5937 A WINEGUARD	
City-St-Zip:	ORLANDO, FL 32809	

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: INGA DEWITT PD 02/23/2009

Electronic Signature of Signing Officer or Director — Date