

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005601

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** WORD OF TRUTH APOSTOLIC CHURCH, INC.

**Current Principal Place of Business:**

305 ADA WILSON AVE.  
PENSACOLA, FL 32507

**New Principal Place of Business:**

527 OLD CORRY FIELD RD.  
PENSACOLA, FL 32507

**Current Mailing Address:**

305 ADA WILSON AVE.  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 11-3643960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLYNN, DAVID J PRES  
305 ADA WILSON AVE.  
PENSACOLA, FL 32507

**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: P ( ) Delete  
Name: FLYNN, DAVID J  
Address: 305 ADA WILSON AVE.  
City-St-Zip: PENSACOLA, FL 32507

Title: S ( ) Delete  
Name: SHIPPS, LINDA J  
Address: 19 RUBERIA AVE.  
City-St-Zip: PENSACOLA, FL 32507

Title: T ( ) Delete  
Name: FLYNN, TONYA M  
Address: 305 ADA WILSON AVE.  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: TR ( ) Change (X) Addition  
Name: WILLIAMS, SHIRLEY  
Address: 301 N. NEW WARRINGTON RD.  
City-St-Zip: PENSACOLA, FL 32506 US

Title: TR ( ) Change (X) Addition  
Name: MCGHEE, LETHA  
Address: 1910 ATHENS AVE.  
City-St-Zip: PENSACOLA, FL 32507 US

Title: TR ( ) Change (X) Addition  
Name: WESSELL, DON  
Address: 2175 INTERLAKEN ST.  
City-St-Zip: PENSACOLA, FL 32501 US

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: DAVID FLYNN

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date