# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005**
**Secretary of State**

DOCUMENT# N04000000054

**Entity Name:** WORD OF TRUTH APOSTOLIC FAITH INC

**Current Principal Place of Business:**

519 N 20TH ST
FT PIERCE, FL 34954

**New Principal Place of Business:**

519 N 20TH ST
FT PIERCE, FL 34950

**Current Mailing Address:**

519 N 20TH ST
FT PIERCE, FL 34954

**New Mailing Address:**

POST OFFICE BOX 612
FT PIERCE, FL 34954

**FEI Number: 41-2120748** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

HOPKINS, WILLIAM A
517 N 20TH ST
FT PIERCE, FL 34954 US

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

HOPKINS, WILLIAM A
519 N 20TH ST
FT PIERCE, FL 34950 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: _____ 05/02/2005
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: HOPKINS, WILLIAM A
Address: 517 N 20TH ST
City-St-Zip: FT PIERCE, FL 34954

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: HOPKINS, WILLIAM A
Address: 517 N 20TH ST
City-St-Zip: FT PIERCE, FL 34950

Title: V ( ) Change (X) Addition
Name: HOPKINS, PAMELA D
Address: 517 N 20TH ST
City-St-Zip: FT PIERCE, FL 34950 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: WILLIAM A HOPKINS P 05/02/2005
Electronic Signature of Signing Officer or Director — Date