

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000054

FILED  
May 04, 2006  
Secretary of State

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

**Current Principal Place of Business:**

519 N 20TH ST  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 612  
FT PIERCE, FL 34954

**New Mailing Address:**

**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  
519 N 20TH ST  
FT PIERCE, FL 34950      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: P      ( ) Delete  
Name: HOPKINS, WILLIAM A  
Address: 517 N 20TH ST  
City-St-Zip: FT PIERCE, FL 34950

Title: V      ( ) Delete  
Name: HOPKINS, PAMELA D  
Address: 517 N 20TH ST  
City-St-Zip: FT PIERCE, FL 34950 US

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

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

Title: V      (X) Change ( ) Addition  
Name: PROPHETESS PAMELA D., HOPKINS  
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 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: BISHOP WILLIAM A. HOPKINS

P

05/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date