

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90311 030 \*\*\*\*61.25

DOCUMENT # N04000001321

1. Entity Name

TRUE WORD FOUNDATION MINISTRIES, INC.



Principal Place of Business

1607 NW 5TH AVE  
FLORIDA CITY FL 33034

Mailing Address

1607 NW 5TH AVE  
FLORIDA FL 33034

2. Principal Place of Business

15340 SW 282 STREET

3. Mailing Address

P.O. BOX 901585

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

City & State

HOMESTEAD, FLORIDA

Zip

33033

Country

DADE

Zip

33090

Country

DADE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JOHN H JR  
12932 SW 251 ST  
PRINCETON, FL FL 33032

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PRESSLEY, HOLLY JR.  
1607 NW 5TH AVE  
FLORIDA CITY, FL 33034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DAVIS, MICHAEL SR.  
13470 SW 268 TERRACE  
NARANJA FL 33032 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CROSS, ALLEN SR.  
1607 NW 5TH AVE  
FLORIDA CITY FL 33034 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Pressley, Holly, Jr.  
P.O. Box 901585  
HOMESTEAD, FL 33090 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Simmons, Joe  
14647 SW 263 Terrace  
Naranja, FL 33032 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
Simmons, KATHY  
14047 SW 263 Terrace  
Naranja, FL 33032 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
Thompson, Rohan  
10403 SW 153 STREET  
MIAMI, FL 33157 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Thompson, Kizzey  
10403 SW 153 STREET  
MIAMI, FL 33157 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Holly Pressley

4/19/05

786 234 2842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #