# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 13, 2007**
**Secretary of State**

DOCUMENT# N04000001321

**Entity Name:** TRUE WORD FOUNDATION MINISTRIES, INC.

**Current Principal Place of Business:**

13740 SW 268 ST
104
HOMESTEAD, FL 33032

**New Principal Place of Business:**

11617 SW 216 ST
GOULDS, FL 33170

**Current Mailing Address:**

13740 SW 268 ST
104
HOMESTEAD, FL 33032

**New Mailing Address:**

**FEI Number: 59-3785539** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**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:**

CAMPBELL, JOHN H JR
12932 SW 251 ST
PRINCETON, FL, FL 33032 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: PRES ( ) Delete
Name: PRESSLEY, HOLLY JR.
Address: 13740 SW 268 ST APT 104
City-St-Zip: HOMESTEAD, FL 33032

Title: V.P. ( ) Delete
Name: COLLIER-PRESSLEY, TAMARA
Address: 13740 SW 268 ST APT 104
City-St-Zip: HOMESTEAD, FL 33032

Title: ST ( ) Delete
Name: THOMPSON, KIZZY
Address: 13471 SW 271 LANE
City-St-Zip: HOMESTEAD, FL 33032

Title: C ( ) Delete
Name: THOMPSON, ROHAN
Address: 13471 SW 271 LANE
City-St-Zip: HOMESTEAS, FL 33032

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V.P. (X) Change ( ) Addition
Name: PRESSLEY, TAMARA
Address: 13740 SW 268 ST APT 104
City-St-Zip: HOMESTEAD, FL 33032

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TAMARA PRESSLEY VP 08/13/2007

Electronic Signature of Signing Officer or Director — Date