2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001321

Jul 11, 2008 Secretary of State

Entity Name: TRUE WORD FOUNDATION MINISTRIES, INC.

11617 SW 216 ST GOULDS, FL 33170

Current Mailing Address: New Mailing Address:

13740 SW 268 ST 104 HOMESTEAD, FL 33032

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: Name and Address of New Registered Agent:

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

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

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete PRESSLEY, HOLLY JR. PRESSLEY, HOLLY JR. Name: Name: Address: 13740 SW 268 ST APT 104 Address: 2015 SE 3RD STREET City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: HOMESTEAD, FL 33033

Title: () Delete Title: V.P. (X) Change () Addition

Name: PRESSLEY, TAMARA Name: PRESSLEY, TAMARA Address: 13740 SW 268 ST APT 104 Address: 2015 SE 3RD STREET City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: HOMESTEAD, FL 33032

Title: () Delete Title: () Change () Addition

THOMPSON, KIZZY Name: Name: 13471 SW 271 LANE Address: Address: City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: THOMPSON, ROHAN Name: Address: 13471 SW 271 LANE Address: City-St-Zip: HOMESTEAS, FL 33032 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 V.P. 07/11/2008