2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000001321

Entity Name: TRUE WORD FOUNDATION MINISTRIES, INC.

Current Principal Place of Business:

11617 SW 216 ST
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

13740 SW 268 ST
104
HOMESTEAD, FL 33032

New Mailing Address:

13456 SW 290 STREET
HOMESTEAD, FL 33030

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

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:

CAMPBELL, JOHN H JR
12932 SW 251 ST
PRINCETON, FL 33032 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PRESSLEY, HOLLY JR.
Address: 2015 SE 3RD STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: V.P. ( ) Delete
Name: PRESSLEY, TAMARA
Address: 2015 SE 3RD STREET
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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: EDWARDS, CASSANDRA
Address: 14921 HARRISON ST
City-St-Zip: MIAMI, FL 33176

Title: C (X) Change ( ) Addition
Name: THOMPSON, ROHAN
Address: 13471 SW 271 LANE
City-St-Zip: HOMESTEAD, FL 33032

Title: T ( ) Change (X) Addition
Name: THOMPSON, KIZZY
Address: 13471 SW 271 LANE
City-St-Zip: HOMSTEAD, FL 33032

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 04/30/2009
Electronic Signature of Signing Officer or Director — Date