2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004402

FILED Mar 09, 2005 Secretary of State

Entity Name: TRUE WORDS OF GOD OUTREACH MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

1123 S. LAKE AVE. 1155 OLD APOPKA RD. APOPKA, FL 32703 APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

P.O. BOX 367 APOPKA, FL 32704

FEI Number: 20-1068820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEST, FERNANDO J
1123 S. LAKE AVENUE
APOPKA, FL 32703 US
WEST, FERNANDO J
1155 OLD APOPKA RD.
APOPKA, FL 32703 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: FERNANDO J WEST 03/09/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. () Delete Title: P. (X) Change () Addition Name: WEST, FERNANDO J Name: WEST, FERNANDO J

 Address:
 1123 S. LAKE AVE,
 Address:
 1155 OLD APOPKA RD.

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 APOPKA, FL 32703

 Name:
 WEST, FERNANDO J
 Name:
 WEST, GLADYS M

 Address:
 1123 S. LAKE AVE.
 Address:
 1155 OLD APOPKA RD.

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 APOPKA, FL 32703

Title: () Delete Title: (X) Change () Addition WEST, SHANEVIA Q WEST Name: WEST, SHANEVIA Q WEST Name: 1123 S. LAKE AVE. 1155 OLD APOPKA RD. Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FERNANDO J. WEST P 03/09/2005