

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004402

FILED
Mar 24, 2009
Secretary of State

Entity Name: TRUE WORDS OF GOD OUTREACH MINISTRIES INC.

Current Principal Place of Business:

141 W. MAIN STREET
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 367
APOPKA, FL 32704

New Mailing Address:

FEI Number: 20-1068820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEST, GLADYS M
1155 OLD APOPKA RD.
APOPKA, FL 32703 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: P. () Delete
Name: WEST, GLADYS M
Address: 1155 OLD APOPKA RD.
City-St-Zip: APOPKA, FL 32703

Title: P. () Delete
Name: WEST, FERNANDO J
Address: 1155 OLD APOPKA RD.
City-St-Zip: APOPKA, FL 32703

Title: A. () Delete
Name: WEST, SHANEVIA Q
Address: 1155 OLD APOPKA RD.
City-St-Zip: APOPKA, FL 32703

Title: SC () Delete
Name: WEST, FERNANDO J II
Address: 1155 OLD APOPKA RD
City-St-Zip: APOPKA, FL 32703

Title: O () Delete
Name: GRIMMAGE, MATTIE R
Address: 789 E. CLEVELAND ST.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GLADYS WEST

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date