

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 002 ****61.25

DOCUMENT # N04000007949 1. Entity Name PILLAR OF TRUTH MINISTRIES INC.	
--	---

Principal Place of Business 11147 OLD KINGS ROAD NORTH JACKSONVILLE FL 32219	Mailing Address 11147 OLD KINGS ROAD NORTH JACKSONVILLE FL 32219
--	--



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 1459 Rose Hill Dr West Suite, Apt. #, etc.	3. Mailing Address 1459 Rose Hill Dr. West Suite, Apt. #, etc.
--	---

City & State Jacksonville Fla	City & State Jacksonville Fla.	4. FEI Number 51-0518924	Applied For <input type="checkbox"/> Not Applicable
Zip 32221	Country U.S.	Zip 32221	Country U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

ROTH, BETTY J
 11147 OLD KINGS ROAD NORTH
 JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P BROWN, WALTER <input type="checkbox"/> Delete UNIT 1, BOX 4 NORMANDY ESTATES JACKSONVILLE FL 32221
TITLE	V SBANO, JOE <input type="checkbox"/> Delete 1459 ROSE HILL WEST JACKSONVILLE FL 32221
TITLE	T ROTH, LYNN <input checked="" type="checkbox"/> Delete 11147 OLD KINGS ROAD NORTH JACKSONVILLE FL 32219
TITLE	S DOONER, SHARON <input type="checkbox"/> Delete 11147 OLD KINGS ROAD NORTH JACKSONVILLE FL 32219
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Natalie Sbano <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1459 Rose Hill Dr. West Jacksonville Fla. 32221
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Sbano Joseph Sbano (vice President) 2-26-05 904-704-8916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #