2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007949

Entity Name: PILLAR OF TRUTH MINISTRIES INC.

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1459 ROSE HILL DR W JACKSONVILLE, FL 32221

Current Mailing Address: New Mailing Address:

1459 ROSE HILL DR W JACKSONVILLE, FL 32221

FEI Number: 51-0518924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROTH, BETTY J SBANO, JOSEPH J V
11147 OLD KINGS ROAD NORTH 1459 ROSE HILL DRIVE WEST
JACKSONVILLE, FL 32219 US JACKSONVILLE, FL 32221 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: JOSEPH J. SBANO 04/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: BROWN, WALTER BROWN, WALTER

Address: UNIT 1, BOX 4 NORMANDY ESTATES Address: 8985 NORMANDY BLVD. LOT 5
City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32221

Name: SBANO, JOE Name: SBANO, JOE

 Address:
 1459 ROSE HILL WEST
 Address:
 1459 ROSE HILL DRIVE WEST

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:
 JACKSONVILLE, FL 32221

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

 Name:
 SBANO, NATALIE
 Name:

 Address:
 1454 ROSE HILL DR W
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: DOONER, SHARON Name: DOONER, SHARON

Address: 11147 OLD KINGS ROAD NORTH Address: 8985 NORMANDY BLVD. LOT 98
City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH J. SBANO V 04/10/2006