


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007949 1. Entity Name PILLAR OF TRUTH MINISTRIES INC.	
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Principal Place of Business 1459 ROSE HILL DR W JACKSONVILLE, FL 32221	Mailing Address 1459 ROSE HILL DR W JACKSONVILLE, FL 32221
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0518924	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SBANO, JOSEPH J V
 1459 ROSE HILL DRIVE WEST
 JACKSONVILLE, FL 32221

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

U00000835711
 02/29/08-80044-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, WALTER 8985 NORMANDY BLVD. LOT 5 JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SBANO, JOE 1459 ROSE HILL DRIVE WEST JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOONER, SHARON 8985 NORMANDY BLVD. LOT 98 JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIGOS, PATRICIA 10358 COW PEN RD SANDERSON, FL 32087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia Bigos Patricia Bigos 2/20/08 944-275-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #