

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000516

FILED
May 25, 2007
Secretary of State

Entity Name: TRUTH IN THE WORD MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

15915 N.W. 21 AVE.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

15915 N.W. 21 AVE.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 02-0765266 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, JERVON A
15915 N.W. 21 AVE.
OPA LOCKA, FL 33054 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: D () Delete
Name: SMITH, JERVON A CEO/PAS
Address: 15915 N.W. 21 AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: S () Delete
Name: DAVIS, EBONI
Address: 15915 N.W. 21 AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: P (X) Delete
Name: SMITH, CHARLIE MAE
Address: 15915 N.W. 21 AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: T (X) Delete
Name: SCOTT, COREY
Address: 15915 N.W. 21 AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: BROWN, TIFFANY
Address: 15915 N.W. 21 AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: T (X) Delete
Name: BROWN, GRAIG
Address: 15915 N.W. 21 AVE.
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MATHIS, ANDREA R CO/PAS
Address: 15915 N.W. 21AVE
City-St-Zip: OPALOCKA, FL 33054

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: PASTOR JERVON A SMITH

D

05/25/2007

Electronic Signature of Signing Officer or Director

Date