

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010571

FILED
Apr 30, 2009
Secretary of State

Entity Name: PILLAR OF TRUTH INTERNATIONAL MINISTRIES AND BIBLE COLLEGE, INC

Current Principal Place of Business:

2045 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

2040 SCHUMACHER AVE
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 17744
JACKSONVILLE, FL 32245

New Mailing Address:

P.O. BOX 17866
JACKSONVILLE, FL 32245

FEI Number: 26-0826673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH-MOBLEY, CYCLYN R
2223 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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: SMITH-MOBLEY, CYCLYN R
Address: P.O.BOX 17866
City-St-Zip: JACKSONVILLE, FL 32245

Title: VT () Delete
Name: STRACHAN, IDELL A
Address: P.O. BOX 17866
City-St-Zip: JACKSONVILLE, FL 32245

Title: SD () Delete
Name: SMITH, JOHN L
Address: P.O.BOX 17866
City-St-Zip: JACKSONVILLE, FL 32245

Title: D () Delete
Name: SMITH, JOSHUA N
Address: P.O.BOX 17866
City-St-Zip: JACKSONVILLE, FL 32245

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:

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: IDELL A. STRACHAN

VT

04/30/2009

Electronic Signature of Signing Officer or Director

Date