


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

09-05-2008 90003 029 \*\*\*\*61.25

<b>DOCUMENT # N07000002921</b> 1. Entity Name <b>THE NAKED TRUTH OF THE WORD MINISTRIES INC.</b>					
Principal Place of Business <b>1720 NW 34 TERR. FT. LAUDERDALE FL 33311</b>			Mailing Address <b>1720 NW 34 TERR. FT. LAUDERDALE FL 33311</b>		
2. Principal Place of Business - No P.O. Box # <b>1720 N.W. 34th terr</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>FT. LAUDERDALE, FLA.</b>		City & State			
Zip <b>33311</b>		Country <b>U.S.A.</b>		Zip	
Country		4. FEI Number <b>74-3210289</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>KEY, J.W. 1720 NW 34 TERR. FT. LAUDERDALE FL 33311</b>			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> 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 <b>J. W. Key</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>09/01/08</b>					
<b>FILE NOW: FEE IS \$61.25 Due By September 3, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEY, J.W. JR. 1720 NW 34 TERR. FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEY, LYDIA 1720 NW 34 TERR. FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALTER, EVELYN 1851 NW 36 AVE. FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **J. W. Key**

**09/01/08**