

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002649

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** WORD OF TRUTH CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

149 NW CURTIS STREET  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

295 NW PRIMA VISTA BLVD.  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

149 NW CURTIS STREET  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 26-2150206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHANCE, JEFFREY L  
149 NW CURTIS STREET  
PORT ST. LUCIE, FL 34983 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  
**Name:** CHANCE, JEFFREY L  
**Address:** 149 NW CURTIS STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34983

**Title:** D  
**Name:** GILLYARD, ALLEN  
**Address:** 117 SW 2 STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

**Title:** D  
**Name:** JOHNSON, JASHONA  
**Address:** 156 NW 15 STREET  
**City-St-Zip:** POMPANO, FL 33060

**Title:** D  
**Name:** CHANCE, SANDRA  
**Address:** 149 NW CURTIS STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34983

I hereby 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 all other like empowered.

**SIGNATURE:** JEFFREY L. CHANCE

**PRES**

**04/01/2011**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date