

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N30889

1. Entity Name

WORD OF TRUTH, UNITED PENTECOSTAL CHURCH,
INC., OF BLOUNTSTOWN, FL.



Principal Place of Business

19397 SW SOUTH ST
BLOUNTSTOWN FL 32424
US

Mailing Address

P.O. BOX 238
BLOUNTSTOWN FL 32424
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-3225189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, RONALD M. REV.
19397
BLOUNTSTOWN FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME BAKER, RONALD M. REV.
STREET ADDRESS P.O. BOX 238 N/A
CITY-STATE-ZIP BLOUNTSTOWN FL

TITLE DST ☐ Delete
NAME BAKER, SANDRA
STREET ADDRESS P.O. BOX 238 N/A
CITY-STATE-ZIP BLOUNTSTOWN FL

TITLE ST ☐ Delete
NAME CASTLEBERRY, TREVA M.
STREET ADDRESS 23281 NW BLACK BOTTOM RD.
CITY-STATE-ZIP ALTHA FL

TITLE D ☐ Delete
NAME CASTLEBERRY, WILLIAM C
STREET ADDRESS 23281 NW BLACK BOTTOM RD.
CITY-STATE-ZIP ALTHA FL 32421

TITLE D ☐ Delete
NAME POINTER, ROBERT
STREET ADDRESS 15913 HIGHWAY 231
CITY-STATE-ZIP YOUNGSTOWN FL 32466

TITLE D ☐ Delete
NAME OXENDINE, RANDY
STREET ADDRESS P.O. BOX 65
CITY-STATE-ZIP HOSFORD FL 32334

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Trev M Castleberry *Trev M Castleberry* 2-5-2007 (850) 674-4605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

FILED
Feb 09, 2007 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/06)