

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

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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

1st MOORE

CR2E037 (10/07)

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, 2008

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
**U00000829652
02/26/08-80051-004 61.25**

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

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CITY- ST- ZIP
☐ Change ☐ Addition

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: *Travis M. Castleberry* **2-14-2008 850 674 4605**