

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33484** (9)

1. Corporation Name

SWORD OF TRUTH MINISTRIES, INC.



Principal Place of Business

Mailing Address

**11835-A RAINTREE DR
PANAMA CITY FL 32404**

**390 TYNDALL PKY #318
PANAMA CITY FL 32404
US**

3. Date Incorporated or Qualified

07/27/1989

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **11835-A RAINTREE DR.**

4. FEI Number

59-2981785

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

PANAMA CITY, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

32404

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWELL, ROBERT O.
11835-A RAINTREE DR
PANAMA CITY FL 32404**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 11k, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **LOWELL, ROBERT O.**
STREET ADDRESS **11835-A RAINTREE DR**
CITY-ST-ZIP **PANAMA CITY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VDS** ☒ DELETE **NO**
NAME **BURROUGHS, LIEVELLA R**
STREET ADDRESS **11835-B RAINTREE DR**
CITY-ST-ZIP **PANAMA CITY FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **BURROUGHS, LIEVELLA R.**
2.3 STREET ADDRESS **2706 STATION CLUB DR**
2.4 CITY-ST-ZIP **MARIETTA, GA 30060**

TITLE **VTD** ☐ DELETE
NAME **LOWELL, DORIS A**
STREET ADDRESS **11835-A RAINTREE DR**
CITY-ST-ZIP **PANAMA CITY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE **NO**
NAME **BURROUGHS, MAXWELL**
STREET ADDRESS **11835-B RAINTREE DR**
CITY-ST-ZIP **PANAMA CITY FL**

4.1 TITLE **PO** ☒ Change ☐ Addition
4.2 NAME **BURROUGHS, MAXWELL**
4.3 STREET ADDRESS **2706 STATION CLUB DR**
4.4 CITY-ST-ZIP **MARIETTA, GA 30060**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **DS** ☐ Change ☒ Addition
5.2 NAME **POPE, BETTY**
5.3 STREET ADDRESS **2706 STATION CLUB DR**
5.4 CITY-ST-ZIP **MARIETTA, GA 30060**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert O. Lowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT O. LOWELL **5-1-96** **(904) 871-3430**
Date Daytime Phone #

CR2E037 (12/95)