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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**11825-A RAINTREE DRIVE  
PANAMA CITY FL 32404-2743  
US**

3. Date Incorporated or Qualified **07/27/1989** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

**30060**

**USA**

**30080**

**USA**

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 **Michael and Donna Hubbard**  
82 Street Address (P.O. Box Number is Not Acceptable) **6928 Coe Rd.**  
83 **Panama City, FL**  
84 City **Panama City** FL 85 Zip Code **32404**

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

*Michael Hubbard*

*Donna Hubbard*

DATE

**22797**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWELL, ROBERT O.</b>	
STREET ADDRESS	<b>11835-A RAINTREE DR</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURROUGHS, LIEVELLA</b>	
STREET ADDRESS	<b>2706 STATION CLUB DRIVE</b>	
CITY - ST - ZIP	<b>MARIETTA GA</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWELL, DORIS A</b>	
STREET ADDRESS	<b>11835-A RAINTREE DR</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURROUGHS, MAXWELL</b>	
STREET ADDRESS	<b>2706 STATION CLUB DRIVE</b>	
CITY - ST - ZIP	<b>MARIETTA GA</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>POPE, BETTY</b>	
STREET ADDRESS	<b>2706 STATION CLUB DRIVE</b>	
CITY - ST - ZIP	<b>MARIETTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2201 STATION CLUB DR</b>
1.4 CITY - ST - ZIP	<b>MARIETTA, GA 30060</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2201 STATION CLUB DR</b>
3.4 CITY - ST - ZIP	<b>MARIETTA, GA 30060</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

**2-14-97**

**770-438-8229**

Date

Daytime Phone #

CR2E037 (9/96)