

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
2201 STATION CLUB DRIVE MARIETTA GA 30080 US	821-H CONCORD RD. SUITE 252 SMYRNA GA 30080 US

3. Date Incorporated or Qualified

07/27/1989

4. FEI Number

59-2981785

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBBARD, MICHAEL & DONN
6928 COE RD.
PANAMA CITY FL 32404

81 Name **JERRY & CAROLYN TRAMEL**
 82 Street Address (P.O. Box Number is Not Acceptable)
11835 RAINTREE DR.
 83 **PANAMA CITY,**
 84 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 *Carolyn & Jerry Tramel*
Signature, typed or printed name of registered agent and title if applicable

Carolyn Tramel
(NOTE: Registered Agent signature required when reinstating)

DATE **Mar 31, 1998**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LOWELL, ROBERT O.	
STREET ADDRESS	2201 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURROUGHS, LIEVELLA	
STREET ADDRESS	2706 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LOWELL, DORIS A	
STREET ADDRESS	2201 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURROUGHS, MAXWELL	
STREET ADDRESS	2706 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	POPE, BETTY	
STREET ADDRESS	2706 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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

3-20-98 (770) 438-8729

CR2E037 (10/97)