

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 # N92000000111 (6)

1. Corporation Name

WORD OF TRUTH MINISTRIES, INC.



Principal Place of Business

**3535 DR. MARTIN LUTHER KING BLVD
FT. MYERS FL 33901
US**

Mailing Address

**P.O. BOX 7131
FORT MYERS FL 33911
US**

3. Date Incorporated or Qualified
11/03/1992

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

21 3538 South Street

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 7131

Suite, Apt. #, etc.

22

City & State

23 Fort Myers, FL

Zip

24 33911

Country

25 Lee

City & State

27 Fort Myers, FL

Zip

29 33911

Country

30 Lee

4. FEI Number
65-0379497

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PASTOR HARRY L. JAMES
1133 SW 45TH ST.
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP JAMES, HARRY L**
STREET ADDRESS **1133 SW 45TH ST.**
CITY - ST - ZIP **CAPE CORAL FL 33914**

TITLE ☐ DELETE
NAME **SD JAMES, DOROTHY A.**
STREET ADDRESS **2410 HUNTER ST.**
CITY - ST - ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME **D ANTHONY, JAMES D.**
STREET ADDRESS **4349 BALLARD RD.**
CITY - ST - ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: **Dorothy A. James, Vice President**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/29-96
Date

(941) 337-5564
Daytime Phone #

CR2E037 (12/95)