## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** : ANNUAL REPORT

1997



FLORIDA DEPARTMEN STATE

Sandra B. Mos

Secretary of B DIVISION OF CORPO

## **FILED** May 09 1997 8:00am Secretary of State

DOCUI 1. Corporatio	MENT # N9200	0000111 (6)				
WORD OF TRUTH MINISTRIES, INC.			I			
Principal Plac	e of Businoss	Mailing Address	<u> </u>		1 10011161 316 40110 11614 00111 30141 0	
8538 SOUTH S FT. MYERS FL US		P.O. BOX 7131 FORT MYERS FL 33911-713 US	1	•		
		03	Ī		3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Report 05/01/1996
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	it etc	26 3538 South	5+		65-0379497	Not Applicable
22	σ, <b>σ</b> ιο.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	····		6. Election Campaign Financing	\$5.00 May Be
23		28 Fort Myers,	FI,		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 33916	Contry		8. This corporation has liability for in	
24	25 9. Name and Address of Current		so Lee		Florida Statutes  10. Name and Address of New Reg	Yes No
PASTOR HARRY L. JAMES 1133 SW 45TH ST. CAPE CORAL FL 33914				35	ss (P.O. Box Number & Not Accepteb 3.8 South St.	FL 85 Zip Code
office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	and 617.1508, Florida Statules of Florida. Such change was au tions of, Section 617.0503, Flori	s, the pove-nam thoriz if by the c ida <b>\$t</b> utes.	ned corpo corporatio	ration submits this statement for the p of s board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
	Signature, typed or printed name of registered agen		Rogiste I Agent signa	ature required	d when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13	101	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
NAME	JAMES, HARRY L		1.1] ILE 1,2] VME	1 *-	rry 1. Times	Up Orlange L., Addition
STREET ADDRESS	1133 SW 45TH ST.		1.3 REET ADDRES	ss 35 4	rry L. James 49 South St.	
CITY-ST-ZIP	CAPE CORAL FL 33914		1,4 IY-ST-ZIP	For	+ Myers, F1, 33916	;
TITLE	SD	DELETE	2 1 ILE	2D		Change Addition
NAME (	JAMES, DOROTHY A.		2,2 ME	Der	othy A. James	
STREET ADDRESS	2410 HUNTER ST.		2.3 REET ADDRES		49 South Sti	
CITY-ST-ZIP	FT. MYERS FL	DELETE	2, 4 UTY - \$1 - ZIP	For	+ Myers, F1, 33916	Change Addition
TITLE LA	ANTHONY, JAMES D.	☐ DELETE	3,1 TITLE 3,2 NAME			Change Addition
STREET ADDRESS	4349 BALLARD RD.		3.3 STREET ADDRES	:00		
CITY-ST-ZIP	FT. MYERS FL		3,4. CITY- \$1- ZIP	.55		
TITLE		DELETE	4.1 TITLE	7=	Treasurer	Change Addition
NAME			4. 2 NAME	Ma	e hene Willis	-
STREET ADDRESS	· ·		43 IREET ADDRES		to Palmetto Ave.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	For	+ Myers, Fl. 33916	
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME EXOCET ADDRESS	<b>/</b>		5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRES	:88		
CITY-ST-ZIP TITLE	*	DELETE	5.4 CITY-ST-ZIP 6.1.TITLE			☐ Change ☐ Addition
NAME	<b>1</b> ·	_ Decent	6. NAME			E outube E volution
STREET ADDRESS	<b>f</b> .		TREE1 ADDRES	ss		
City-St-ZiP	3		TITY - ST- 7IP			

I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true a 1 am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same logal effect as if made under oath; that execute this report as required by Chapter 617, Florida Statutes; and that my name