

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

3538 SOUTH STREET  
FT. MYERS FL 33916  
US

Mailing Address

3538 SOUTH ST  
FORT MYERS FL 33916  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PASTOR HARRY L. JAMES  
3538 SOUTH ST  
CAPE CORAL FL 33916

3. Date Incorporated or Qualified

11/03/1992

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

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

10. Name and Address of New Registered Agent

81 Name

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

3549 South St.

83

84 City

Fort Myers

FL

85 Zip Code

33916

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 DP  
NAME JAMES, HARRY L  
STREET ADDRESS 3549 SOUTH ST  
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE SD  
NAME JAMES, DOROTHY A  
STREET ADDRESS 3549 SOUTH ST  
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

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

☐ DELETE

TITLE T  
NAME WILLIS, MAE L  
STREET ADDRESS 1436 PALMETTO AVE.  
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Dr

4220 Armeda Ave.  
Fort Myers, FL 33905

Tr

S/T

LaShaunda D. James  
3909 Belmont St. Apt. #3  
Fort Myers, FL 33916

Tr

Roger Grant  
410 North 16th Ave.  
Arcadia FL 34266

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:

*Dorothy A. James, Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/98

Date

(941) 331-5564

Daytime Phone #

FILED  
Sep 10 1998 8:00am<sup>8</sup>  
Secretary of State



CR2E037 (5/98)