

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90178 013 \*\*\*\*61.25

**DOCUMENT # N92000000111**

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

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

9. Name and Address of Current Registered Agent

PASTOR HARRY L. JAMES  
3549 SOUTH STREET  
FORT MYERS FL 33916

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

NAME

STREET ADDRESS

CITY-STATE-ZIP

DP

JAMES, HARRY L  
3549 SOUTH ST  
FT. MYERS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DV

JAMES, DOROTHY A  
3549 SOUTH ST  
FT. MYERS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

ANTHONY, JAMES D.  
4220 ARMEDA AVE  
FT. MYERS FL 33905

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TR

WILLIS, MAE L  
1436 PALMETTO AVE.  
FT. MYERS FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ST

LASHAUNDA, JAMES D  
3909 BELMONT ST APT #3  
FT. MYERS FL 33916

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TR

GRANT, ROGER  
410 NAOOTH 16TH AVE  
ARCADIA FL 34266

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☒ Addition

TR  
Moore, Bernice  
2666 Mingo St.  
Fort Myers, FL 33905

TR  
Moore, Willie James  
3442 Jeffcott St  
Fort Myers, FL 33916

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0060703