

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000111**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JAMES, HARRY L	
STREET ADDRESS	3549 SOUTH ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JAMES, DOROTHY A	
STREET ADDRESS	3549 SOUTH ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, TAMMY R	
STREET ADDRESS	406 NE 24TH PLANCE	
CITY-ST-ZIP	CAPE CORAL FL 33916	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MOORE, BERNICE	
STREET ADDRESS	2666 MANGO ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LASHAUNDA, JAMES D	
STREET ADDRESS	3909 BELMONT ST APT #3	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HOOD, WILLIE ROY	
STREET ADDRESS	3520 DORA ST	
CITY-ST-ZIP	FORT MYERS FL 33916	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST/TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	3769 Metro Pkwy. Apt. 8106	
CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 332-5151 or

(239) 337-5564



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)