

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90296 011 *****70.00

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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

4. FEI Number **65-0379497**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 checked="" 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	STTR	<input checked="" type="checkbox"/> Delete
NAME	LASHAUNDA, JAMES D	
STREET ADDRESS	3769 METRO PKWY APT 8106	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Rene Garcia	
STREET ADDRESS	5455 3rd Ave.	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STTR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lashaunda Denise Reaves	
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:

Dorothea A. James, Vice President

4/14/03

(239)337-5564

CR2E037 (10/02)