

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90088 001 ****61.25

DOCUMENT # N93000001152

1. Entity Name

THE WHOLE TRUE BIBLE MINISTRY INC.



Principal Place of Business

16930 SOUTH DIXIE HWY
PERRINE FL 33157

Mailing Address

13345 SW 264 TERR
HOMESTEAD FL 33032
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 343166

Suite, Apt. #, etc.

City & State

Florida City FL 33034

Zip

33034

Country

Dade



MOORE

CR2E037 (11/03)

4. FEI Number

65-0402709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODARD, LONNIE H
10875 S.W. 216TH ST.
APT. 417
MIAMI FL 33170

7. Name and Address of New Registered Agent

Name

Woodard Lonnie H

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

250 SW 14 AVE Apt 74

City

Homestead

FL

Zip Code

33030

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

Lonnie H Woodard

03/27/04

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
Due By May 1, 2004

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 PD
NAME WOODARD, LONNIE H BISHOP ☐ Delete
STREET ADDRESS 13345 SW 264 TERR
CITY-ST-ZIP HOMESTEAD FL

TITLE D
NAME WHRUSPER, LELIA ☐ Delete
STREET ADDRESS 3541 NW 7 CT.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
NAME WOODARD, MAXINE ☐ Delete
STREET ADDRESS 3541 NW 7 CT
CITY-ST-ZIP MIAMI FL 33170-4738

TITLE D ☒ Delete
NAME WOODWARD, MARY
STREET ADDRESS 13345 SW 264 TERR
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
NAME Woodard Lonnie H. Bishop
STREET ADDRESS PO Box 343166
CITY-ST-ZIP Florida City Florida 33034

TITLE D ☐ Change ☐ Addition
NAME Lelia Whisper
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lonnie Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04 786-226-7298

DATE Daytime Phone #