2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001152

Entity Name: THE WHOLE TRUE BIBLE MINISTRY INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16930 SOUTH DIXIE HWY 1500 SW 42ND AVE

PERRINE, FL 33157 FT. LAUDERDALE, FL 33317

Current Mailing Address: New Mailing Address:

PO BOX 343106 2611 NW 56 AVE

FLORIDA CITY, FL 33034 US APT 505A

LAUDERHILL, FL 33313 US

FEI Number: 65-0402709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODARD, LONNIE H
250 SW 14 AVE APT 74
WOODARD, LONNIE H
2611 NW 56 AVE

HOMESTEAD, FL 33030 US APT 505A LAUDERHILL, FL 33313 US

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: LONNIE H WOODARD 04/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WOODARD, LONNIE H BISHOP Name: WOODARD, LONNIE H BISHOP

 Address:
 PO BOX 343106
 Address:
 2611 NW 56 AVE APT 505A

 City-St-Zip:
 FLORIDA CITY, FL 33034
 City-St-Zip:
 LAUDERHILL, FL 33313

Sity-St-Zip. 1 EONIDA CT11, 1 E 33034 City-St-Zip. EAODEN ILE, 1 E 33313

(X) Change () Addition Title: Title: () Delete WHRUSPER, LELIA Name: Name: WOODARD, MARY Address: 3541 NW 7 CT. Address: 2611 NW 56 AVE APT 505A City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WOODARD, MAXINE
 Name:
 WOODARD, MAXINE

 Address:
 3541 NW 7 CT
 Address:
 3541 NW 7 CT

City-St-Zip: MIAMI, FL 331704738 City-St-Zip: FT. LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE H WOODARD BISH 04/27/2005