

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004567

FILED
Feb 19, 2008
Secretary of State

Entity Name: THE WORD OF GRACE & TRUTH MINISTRIES INC.

Current Principal Place of Business:

11106 N 30TH ST
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

11106 N 30TH ST
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3399480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOZIER, THOMAS L
1013 TUSCANNY STREET
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOZER, THOMAS L
Address: 1013 TUSCANNY ST
City-St-Zip: BRANDON, FL 33511

Title: AADM () Delete
Name: DOZIER, CLAUDIA
Address: 1013 TUSCANNY ST
City-St-Zip: BRANDON, FL

Title: T () Delete
Name: DIXON, GERALD
Address: 15247 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: HELM, ERNEST
Address: 3408 CONRAD ST
City-St-Zip: TAMPA, FL 33614

Title: PR () Delete
Name: DENNIS, GLORIA
Address: 1555 NW 143RD STREET
City-St-Zip: GAINESVILLE, FL 32602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS L. DOZIER

P

02/19/2008

Electronic Signature of Signing Officer or Director

Date