

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000001462

1. ~~Entity Name~~
**WORD OF GOD MINISTRIES OF TAMPA,
INCORPORATED**



**FILED
Apr 26, 2004 08:00 AM
Secretary of State**

Principal Place of Business

REV. BETTY J. DORSEY
6608 N. 23RD STREET
TAMPA, FL 33610

Mailing Address

REV. BETTY J. DORSEY
6608 N. 23RD STREET
TAMPA, FL 33610



04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3433382	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DORSEY, BETTY J
6608 N. 23RD STREET
TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATLEY, CAPRI F 9002 N 78TH ST A TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, SANDRA F P.O. BOX 173431 TAMPA, FL 33672
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORSEY, BETTY J 6608 N 23RD STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/04-80074-001 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Betty J. Dorsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-2304
Date

813-293-3229
813-237-8600
Daytime Phone #