

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000027

1. Entity Name
REALITY OF THE WORD MINISTRIES, INC.



Principal Place of Business
1085 RHONDA ROAD
JACKSONVILLE, FL 32254

Mailing Address
1085 RHONDA ROAD
JACKSONVILLE, FL 32254



04252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, RUFUS L JR
1085 RHONDA ROAD
JACKSONVILLE, FL 32254

**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

U00000132997

04/27/04-60071-013 \$61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROGERS, RUFUS L JR
1085 RHONDA ROAD
JACKSONVILLE, FL 32254

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROGERS, MARILYN
1085 RHONDA ROAD
JACKSONVILLE, FL 32254

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHELTON, SAMUEL L SR
6183 JOYNER DRIVE
COLUMBUS, GA 31907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/04