

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90016 021 ****61.25

DOCUMENT # N99000002267

1. Entity Name
WORD FOCUS MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
**1557 CESERY BLVD
JACKSONVILLE, FL 32211**

Mailing Address
**1557 CESERY BLVD
JACKSONVILLE, FL 32211**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1001826

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEWITT, ELDON PH.D.
1557 CESERY BLVD
JACKSONVILLE, FL 32211**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VAN ZYLE, JOHANNES B
STREET ADDRESS 14 MOPEL AVE. PROTEA PARK
CITY-ST-ZIP 0305 RUSTENBERG, S. AFRICA,

TITLE SD
NAME VAN STADEN, DEON
STREET ADDRESS 1557 CESERY BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE VD
NAME DEWITT, ELDON PH.D.
STREET ADDRESS 2044 SPRINKLE DR.
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE T
NAME DEWITT, PATRICIA
STREET ADDRESS 2044 SPRINKLE DR.
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: *Patricia Dewitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05
Date

Daytime Phone #