2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2018
Secretary of State
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Entity Name: WANDA BRUCE MINISTRIES INC.

Current Principal Place of Business:

1640 DR. MARTIN LUTHER KING BLVD
DELTONA, FL 32725

Current Mailing Address:

PO BOX 6512
DELTONA, FL 32728 US

FEI Number: 65-1318582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUCE, WANDA L
1354 SKYLARK CT.
DELTONA, FL 32725 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, PASTOR, OFFICER
Name	BRUCE, WANDA L
Address	PO BOX 6512
City-State-Zip:	DELTONA FL 32728

Title	TRUSTEE, DIRECTOR, TREASURER
Name	WALKER, TIMOTHY M
Address	PO BOX 6512
City-State-Zip:	DELTONA FL 32728

Title	TRUSTEE, DIRECTOR
Name	FITCH, PAMELA C
Address	4206 WOODFARE LANE
City-State-Zip:	KENNESAW GA 30152

Title	SECRETARY
Name	RODRIGUEZ, EMMA
Address	2162 EL CAMPO AVE
City-State-Zip:	DELTONA FL 32725

Title	VICE PRESIDENT, OFFICER
Name	TYLER, BRUCE M
Address	2604 TEXEL DRIVE APT # 3A
City-State-Zip:	KALAMAZOO MI 49048

Title	TRUSTEE, DIRECTOR, OFFICER
Name	THEODORE, WALKER M
Address	PO BOX 6512
City-State-Zip:	DELTONA FL 32728

Title	TRUSTEE, OFFICER
Name	OTIS, MAMMIE
Address	1080 KENNEDY RROAD
City-State-Zip:	DAYTONA BEACH FL 32717

Title	DIRECTOR
Name	OSORIO, SHIMEA
Address	1940 MONTECITO AVENUE
City-State-Zip:	DELTONA FL 32738

I hereby 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 all other like empowered.

SIGNATURE: WANDA L BRUCE PRESIDENT 09/17/2018

Electronic Signature of Signing Officer/Director Detail — Date