

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008751

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
1500 BEVILLE RD.
SUITE 606 #367
DAYTONA BEACH, FL 32114 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 VICE PRESIDENT, OFFICER

Name TYLER, BRUCE M

Address 2604 TEXEL DRIVE
APT # 3A

City-State-Zip: KALAMAZOO MI 49048

Title TRUSTEE, DIRECTOR, TREASURER

Name WALKER, TIMOTHY M

Address PO BOX 6512

City-State-Zip: DELTONA FL 32728

Title TRUSTEE, DIRECTOR, OFFICER

Name THEODORE, WALKER 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 TRUSTEE, OFFICER

Name OTIS, MAMMIE

Address 1080 KENNEDY ROAD

City-State-Zip: DAYTONA BEACH FL 32717

Title SECRETARY

Name RODRIGUEZ, EMMA

Address 2162 EL CAMPO AVE

City-State-Zip: DELTONA FL 32725

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 BRUCE

PRESIDENT

09/26/2019

Electronic Signature of Signing Officer/Director Detail

Date