

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008751

Entity Name: WANDA BRUCE MINISTRIES INC.**Current Principal Place of Business:**2425 S. VOLUSIA AVE
B # 3
ORANGE CITY, FL 32763**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
2425 S. VOLUSIA AVE
B # 3
ORANGE CITY, FL 32763 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:** WANDA BRUCE**10/26/2021**

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****10/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date