

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State


04-17-2008 90148 001 ****61.25
 04-17-2008 90148 002 *****8.75

00006982



DOCUMENT # N07000011512

1. Entity Name
WORD OF EL SHADDAI HEALING MINISTRIES, INC.



Principal Place of Business
**CAMPBELL PARK RECREATION CENTER
 601 14TH STREET SOUTH
 ST. PETERSBURG, FL 33705**

Mailing Address
**CAMPBELL PARK RECREATION CENTER
 601 14TH STREET SOUTH
 ST. PETERSBURG, FL 33705**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
2645-65th AV. So
 Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

Zip
33712 Country
PINEILLAS

04072008 Chg-NP CR2E037 (12/06)

4. FEI Number
30-4623532 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PIERCE, JOHNNIE RUTH
 2645 65TH AVENUE SOUTH
 ST. PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	PIERCE, TONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, TONY	NAME	
STREET ADDRESS	2645 65TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, JOHNNIE RUTH	NAME	
STREET ADDRESS	2645 65TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAR, MELVIN	NAME	
STREET ADDRESS	6401 31ST STREET SOUTH, APT. 306	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOY	NAME	
STREET ADDRESS	1701 54TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAR, TONI	NAME	
STREET ADDRESS	6401 31ST STREET SOUTH, APT. 306	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tony Pierce **TONY PIERCE** 4/14/08 (727) 867-3480
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #