

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011512

FILED
Apr 19, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2645-65TH AVE S
SAINT PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 36-4623532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, JOHNNIE RUTH
2645 65TH AVENUE SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERCE, TONY
Address: 2645 65TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP () Delete
Name: PIERCE, JOHNNIE RUTH
Address: 2645 65TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VPT () Delete
Name: LAMAR, MELVIN
Address: 6401 31ST STREET SOUTH, APT. 306
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD () Delete
Name: WILLIAMS, JOY
Address: 1701 54TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD () Delete
Name: LAMAR, TONI
Address: 6401 31ST STREET SOUTH, APT. 306
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TONI LAMAR

SD

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date