2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011512

FILED Apr 21, 2012 Secretary of State

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

US

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

2645-65TH AVE S SAINT PETERSBURG, FL 33712

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

Name: PIERCE, TONY

Address: 2645 65TH AVENUE SOUTH City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP

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

Title: VPT

Name: LAMAR, MELVIN

Address: 6401 31ST STREET SOUTH, APT. 306 City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD

Name: WILLIAMS, JOY

Address: 1701 54TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD

Name: LAMAR, TONI

Address: 6401 31ST STREET SOUTH, APT. 306 City-St-Zip: ST. PETERSBURG, FL 33712

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: TONI LAMAR SD 04/21/2012