

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011156

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** WAIT FOR GOD MINISTRIES, INC.

**Current Principal Place of Business:**

2195 AIROSO BLVD  
ROOM E  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 881941  
PORT ST LUCIE, FL 349881941

**New Mailing Address:**

**FEI Number:** 20-5611840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWENS, THELMA  
866 S.W. NICHOLS TERRACE  
PORT ST LUCIE, FL 34953 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:** P  
**Name:** OWENS, THELMA  
**Address:** 866 S.W. NICHOLS TERRACE  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** D  
**Name:** PIERRE, GINA  
**Address:** 2415 SE BETTY ROAD  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** T  
**Name:** DELANCY, GAILYA  
**Address:** PO BOX 714  
**City-St-Zip:** STUART, FL 34995

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:** THELMA OWENS

P

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date