2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# N32738

Entity Name: WORD OF FAITH HEALING MINISTRY, INC.

Current Principal Place of Business:

4324 N. STATE RD. 7
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

7351 NW 37TH STREET
LAUDERHILL, FL 33319 US

Current Mailing Address:

P.O. BOX 490937
FT. LAUDERDALE, FL 333490937

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUIKUS, DONALD H.
1946 NW 54TH AVENUE
MARGATE, FL 33063 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: DP ( ) Delete
Name: RHODEN, ANTOINETTE,
Address: 7351 NW 37TH ST.
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete
Name: DACRES, ROSA,
Address: 4724 NW 50TH ST
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: COOPER, JUDITH
Address: 6875 ALEXANDRA PARKWAY
City-St-Zip: DORAVILLE, GA 30135

Title: VPD ( ) Delete
Name: LLEWLYN RHODEN, SENIOR
Address: 7351 NW 37TH ST.
City-St-Zip: LAUDERHILL, FL 33319

Title: S ( ) Delete
Name: DUCKIE, MELLODY
Address: 6008 LOMBARD COURT
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: BACCUS, AMARITA
Address: 7351 NW 37TH STREET
City-St-Zip: LAUDERHILL, FL 33319

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: MELLODY DUCKIE S 02/22/2008
Electronic Signature of Signing Officer or Director — Date