

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011512

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

**FILED**  
**Apr 07, 2013**  
**Secretary of State**  
**CC1309446275**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

2645-65TH AVE S  
SAINT PETERSBURG, FL 33712

**FEI Number: 36-4623532**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

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

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

Title SD  
Name LAMAR, TONI  
Address 6401 31ST STREET SOUTH, APT. 306  
City-State-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**

**04/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date