

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011512

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

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

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date