

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000512

Entity Name: WORD OF FAITH FELLOWSHIP MINISTRIES INC.**Current Principal Place of Business:**WORD OF FAITH FELLOWSHIP MINISTRIES
558 28TH STREET SOUTH
SAINT PETERSBURG, FL 33712**Current Mailing Address:**558 28TH STREET SOUTH
SAINT PETERSBURG, FL 33712 US**FEI Number:** 59-3424347**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SANDS, WILLIE C
3537 BEACH DR SOUTHEAST
SAINT PETERSBURG, FL 33705 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:** WILLIE C SANDS

03/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	AP
Name	SANDS, WILLIE
Address	558 28TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33712

Title	S
Name	JONES, LORENZO
Address	558 28TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33712

Title	VD
Name	SANDS, PATRICIA
Address	558 28TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33712

Title	TR
Name	JONES, LORENZO
Address	558 28TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33712

Title	CD
Name	WIGGINS, RICHARD
Address	558 28TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33712

Title	D
Name	JONES, PATRICIA
Address	558 28TH STREET SOUTH
City-State-Zip:	SAINT 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: SANDS, WILLIEPRESIDENT/ SENIOR
PASTOR

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date