

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006288

FILED
Apr 29, 2008
Secretary of State

Entity Name: WORD OF FAITH, WORSHIP CENTER INC.

Current Principal Place of Business:

4743 ALLAN RD
#6
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

4743 ALLAN RD
#6
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 59-3672364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, SHELLY J
38745 2ND AVE
ZEPHYRHILLS, FL 33542 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: D () Delete
Name: DANIELS, RANDY A
Address: 38745 2ND AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: DANIELS, SHELLY J
Address: 38745 2ND AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DS () Delete
Name: ANKERS, ROBIN
Address: 30229 DOUBLE DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

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:

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: RANDY DANIELS

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date