

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2006
Secretary of State**

DOCUMENT# N01000002538

Entity Name: WORD OF FAITH CHURCH CENTER FOR ALL MANKIND, INC.

Current Principal Place of Business:

1470 OLDE KENSINGTON LN
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1470 OLDE KENSINGTON LN
DELTONA, FL 32725

New Mailing Address:

FEI Number: 52-2318984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINS, RICKY R
1470 OLDE KENSINGTON LN
DELTONA, FL 32725 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: P () Delete
Name: WILKINS, RICKY R
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: WILKINS, CYNTHIA
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: WILKINS, KENDRA
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

Title: BMSD () Delete
Name: BEACHHAM, DAVID
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

Title: BMSD () Delete
Name: JONES, ANDREW
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

Title: BMCD () Delete
Name: JONES, MARY
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICKY R. WILKINS

P

04/03/2006

Electronic Signature of Signing Officer or Director

Date