

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 11, 2007  
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

04/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date