

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002538

FILED
Jan 04, 2012
Secretary of State

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 (X)

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
Name: WILKINS, RICKY R
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

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

Title: TD
Name: WILLIAMS, THEODORE
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

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

Title: BMSD
Name: EUELL, LINDA
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

Title: BMCD
Name: BURKE, LINTON
Address: 1470 OLDE KENSINGTON LANE
City-St-Zip: DELTONA, FL 32725

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: RICKY R WILKINS

P

01/04/2012

Electronic Signature of Signing Officer or Director

_____ Date