

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90037 047 \*\*\*\*61.25

<b>DOCUMENT # N01000004457</b> 1. Entity Name <b>WORD OF FAITH MINISTRIES OF FORT WALTON BEACH, INC.</b>					
Principal Place of Business 511 N. EGLIN PKWY FORT WALTON BEACH, FL 32547 US				Mailing Address P O BOX 146 FORT WALTON BEACH, FL 32549 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3700135</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOHNSON, NATHANIEL</b> <b>511 N. EGLIN PKWY</b> <b>FT WALTON BEACH, FL 32547</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, NATHANIEL		NAME	JACKSON, Michael	
STREET ADDRESS	112 SLEEPY OAKS ROAD N.W.		STREET ADDRESS	1863 HEARTLAND DRIVE	
CITY - ST - ZIP	FT WALTON BEACH, FL 32548		CITY - ST - ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D <input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, MARY		NAME	JACKSON, MARY	
STREET ADDRESS	1863 HEARTLAND DRIVE		STREET ADDRESS	1863 HEARTLAND DRIVE	
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547		CITY - ST - ZIP	FORT WALTON BEACH, FL 32547	
TITLE	TSD <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUGGS, HUBERT		NAME	RUGGS, HUBERT	
STREET ADDRESS	17 BERWICK CIRCLE		STREET ADDRESS	17 BERWICK CIRCLE	
CITY - ST - ZIP	SHALIMAR, FL 32579		CITY - ST - ZIP	SHALIMAR, FL 32579	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PUGH, DOLLIE		NAME	SUSIE C. SAWYER	
STREET ADDRESS	319 CHICAGO AVE		STREET ADDRESS	502 DONA AVE	
CITY - ST - ZIP	VALPARAISO, FL 32580		CITY - ST - ZIP	FORT WALTON BEACH, FL 32547	
TITLE	V <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, BARBARA		NAME	JOHNSON, BARBARA	
STREET ADDRESS	112 SLEEPY OAKS ROAD N.W.		STREET ADDRESS	112 SLEEPY OAKS ROAD N.W.	
CITY - ST - ZIP	FT. WALTON BEACH, FL 32548		CITY - ST - ZIP	FORT WALTON BEACH FL 32548	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Hubert Ruggs</i> <b>HUBERT RUGGS, TREASURER</b> <b>26 JAN 06</b> <b>850.651.8350</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					