2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# N01000004457

Entity Name: WORD OF FAITH MINISTRIES OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

511 N. EGLIN PKWY
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 146
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3700135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, NATHANIEL
511 N. EGLIN PKWY
FT WALTON BEACH, FL 32547 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:	JOHNSON, NATHANIEL	
Address:	112 SLEEPY OAKS ROAD N.W.	
City-St-Zip:	FT WALTON BEACH, FL 32548	
Title:	S	( ) Delete
Name:	JACKSON, MARY	
Address:	1863 HEARTLAND DRIVE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	T	( ) Delete
Name:	RUGGS, HUBERT	
Address:	17 BERWICK CIRCLE	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	PUGH, DOLLIE	
Address:	319 CHICAGO AVE	
City-St-Zip:	VALPARAISO, FL 32580	
Title:	D	( ) Delete
Name:	SAWYER, SUSIE C	
Address:	502 DONA AVE.	
City-St-Zip:	FT. WALTON BEACH, FL 32547	
Title:	V	( ) Delete
Name:	JACKSON, MICHAEL	
Address:	1863 HEARTLAND DRIVE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

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 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: HUBERT RUGGS T 02/04/2008

Electronic Signature of Signing Officer or Director — Date