2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004457

FILED Feb 09, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
511 N. EGL FORT WAL	IN PKWY TON BEACH, FL 32547 US		
Current Mailing Address:		New Mailing Address:	
P O BOX 1. FORT WAL	46 TON BEACH, FL 32549 US		
FEI Number:	59-3700135 FEI Number Applied For () FEI Nu	mber Not Appl	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
JOHNSON, NATHANIEL 511 N. EGLIN PKWY FT WALTON BEACH, FL 32547 US			
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.			
SIGNATUR			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete JOHNSON, NATHANIEL 112 SLEEPY OAKS ROAD N.W. FT WALTON BEACH, FL 32548	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete JACKSON, MARY 1863 HEARTLAND DRIVE FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition JOHNSON, BARBARA 112 SLEEPY OAKS ROAD N.W. FORT WALTON BEACH, FL 32548
Title: Name: Address: City-St-Zip:	T () Delete RUGGS, HUBERT 17 BERWICK CIRCLE SHALIMAR, FL 32579	Title: Name: Address: City-St-Zip:	T/D (X) Change () Addition RUGGS, HUBERT 17 BERWICK CIRCLE SHALIMAR, FL 32579
Title: Name: Address: City-St-Zip:	D () Delete PUGH, DOLLIE 319 CHICAGO AVE VALPARAISO, FL 32580	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete SAWYER, SUSIE C 502 DONA AVE. FT. WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	S/D (X) Change () Addition SAWYER, SUSIE C 502 DONA AVE. FT. WALTON BEACH, FL 32547
Title: Name: Address: City-St-Zip:	V (X) Delete JACKSON, MICHAEL 1863 HEARTLAND DRIVE FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	()Change ()Addition

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 02/09/2009