2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N01000005355

Entity Name: WORDS TO WORKS MINISTRIES, INC.

Current Principal Place of Business:

7137 N. MAIN ST
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

7137 N. MAIN STREET
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 30-0006004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHOENIX, NICK
629 E. 58TH ST.
JACKSONVILLE, FL 32208 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: DCD ( ) Delete
Name: PHOENIX, NICK
Address: 629 E. 58TH ST.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: PHOENIX, TERESA
Address: 629 E. 58TH ST.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: THARP, LEE
Address: 629 E. 58TH ST.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: BEDFORD, JEREMIAH
Address: 7137 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: KEEN, BRIAN
Address: 7137 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: SMITH, JAMES
Address: 7137 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32208

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: NICK PHOENIX DCD 04/15/2009
Electronic Signature of Signing Officer or Director — Date