

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001421

FILED
Apr 12, 2008
Secretary of State

Entity Name: WHOLE ARMOUR OF GOD MINISTRIES, INC.

Current Principal Place of Business:

13341 TROPIC EGRET DR.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 40631
JACKSONVILLE, FL 322030631 US

New Mailing Address:

FEI Number: 22-3852000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCTAW, LARRY T SR.
13341 TROPIC EGRET DR
JACKSONVILLE, FL 32224 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: PD () Delete
Name: MCTAW, LARRY T SR
Address: 13341 TROPIC EGRET DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: SECD () Delete
Name: MCTAW, FAYETTA M
Address: 13341 TROPIC EGRET DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: TRDT () Delete
Name: ROACH, CLAYTON
Address: 3241 CHESTNUT COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: ROBERTS, KIYAN
Address: 11210 MONUMENT LANDING RD.
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: LARRY T. MCTAW, SR.

PD

04/12/2008

Electronic Signature of Signing Officer or Director

Date