

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000005129

1. Entity Name
WORD OF FAITH TEACHING MINISTRIES, INC.



Principal Place of Business
**865 17TH PLACE SW
VERO BEACH, FL 32962**

Mailing Address
**P.O. BOX 203
VERO BEACH, FL 32961**



04152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0471818

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, KENNETH I
865 17TH PLACE SW
VERO BEACH, FL 32962**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, KENNETH I
STREET ADDRESS	P.O. BOX 203
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	VD
NAME	JONES, DAWN P
STREET ADDRESS	P.O. BOX 203
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	SD
NAME	LEVONIA, BRIGHT
STREET ADDRESS	4635 57TH AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	TD
NAME	LONNIE, SCOTT JR
STREET ADDRESS	1120 25TH ST. SW.
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	D
NAME	JONES, DARRELL
STREET ADDRESS	5456 MOOREHEN TRAIL #108
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/30/07-800009-015 70.00

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.

SIGNATURE: Kenneth I. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07
Date

(772) 978-0640
Daytime Phone #