

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005129

FILED
Mar 21, 2009
Secretary of State

Entity Name: WORD OF FAITH TEACHING MINISTRIES, INC.

Current Principal Place of Business:

865 17TH PLACE SW
VERO BEACH, FL 32962

New Principal Place of Business:

865 17TH PLACE SW
N/A
VERO BEACH, FL 32962

Current Mailing Address:

P.O. BOX 203
VERO BEACH, FL 32961

New Mailing Address:

P.O. BOX 203
N/A
VERO BEACH, FL 32961

FEI Number: 03-0471818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JONES, KENNETH I
865 17TH PLACE SW
N/A
VERO BEACH, FL 32962 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.

SIGNATURE:

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, KENNETH I
Address: P.O. BOX 203
City-St-Zip: VERO BEACH, FL 32961

Title: VD () Delete
Name: JONES, DAWN P
Address: P.O. BOX 203
City-St-Zip: VERO BEACH, FL 32961

Title: SD () Delete
Name: LEVONIA, BRIGHT
Address: 4635 57TH AVE.
City-St-Zip: VERO BEACH, FL 32967

Title: TD () Delete
Name: LONNIE, SCOTT JR
Address: 1120 25TH ST. SW.
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: JONES, DARRELL
Address: 5456 MOOREHEN TRAIL #106
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: D (X) Change () Addition
Name: JONES, DARRELL
Address: 2706 WALKER DR.
City-St-Zip: FT. PIERCE, FL 34946

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: KENNETH I. JONES

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date