2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# N02000005872

Entity Name: WORD OF FAITH AND DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

210 S SANFORD AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

210 S SANFORD AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 71-0898094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, HARLAN
210 S. SANFORD AVE
SANFORD, FL 32771 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:	P	( ) Delete
Name:	WALKER, HARLAN	
Address:	3493 OAK KNOLL PT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	V	( ) Delete
Name:	WALKER, CAROLYN	
Address:	3492 OAK KNOLL PT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	DT	( ) Delete
Name:	YOUMANS, LENNON II	
Address:	2003 ISLAND BAY CR	
City-St-Zip:	SANFORD, FL 32771	
Title:	C	(X) Delete
Name:	WILLIAMS, RAMONA	
Address:	2225 CARDINAL COVE CR	
City-St-Zip:	SANFORD, FL 32771	
Title:	DS	( ) Delete
Name:	YOUMANS, TERINA	
Address:	2003 ISLAND BAY CR	
City-St-Zip:	SANFORD, FL 32771	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: HARLAN WALKER P 01/30/2006

Electronic Signature of Signing Officer or Director — Date