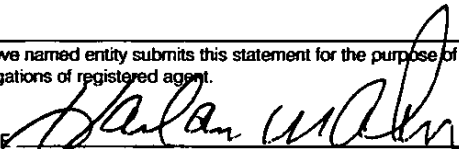


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90169 039 ****61.25

DOCUMENT # N02000005872 1. Entity Name WORD OF FAITH AND DELIVERANCE MINISTRIES, INC.					
Principal Place of Business 210 S SANFORD AVE SANFORD, FL 32771			Mailing Address 210 S SANFORD AVE SANFORD, FL 32771		
2. Principal Place of Business - No P.O. Box # 540 PECAN AVE		3. Mailing Address P.O. BOX 1256			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SANFORD, FL.		City & State SANFORD, FL.		4. FEI Number 71-0898094	
Zip 32771		Country SEMIPOLE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, HARLAN 210 S. SANFORD AVE SANFORD, FL 32771				7. Name and Address of New Registered Agent Name WALKER, HARLAN Street Address (P.O. Box Number is Not Acceptable) 540 PECAN AVE City SANFORD FL 32771	
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  DATE 04-23-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, HARLAN 3493 OAK KNOLL PT LAKE MARY, FL 32746 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, CAROLYN 3492 OAK KNOLL PT LAKE MARY, FL 32746 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOU MANS, LENNON II 2003 ISLAND BAY CR SANFORD, FL 32771 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIZER, TIMOTHY C. 1978 FIRESIDE CT. CASSELBERRY, FL 32707 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YOU MANS, TERINA 2003 ISLAND BAY CR SANFORD, FL 32771 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOODARD, JANISE K. 356 WILLIAM BAY RIDGE ST. SANFORD, FL 32771 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, MANUEL 2125 EL CAMPO AVE. DELTONA, FL 32725 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

