# 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 | Mailing Address |
|---|---|
| 210 S SANFORD AVE<br>SANFORD, FL 32771 | 210 S SANFORD AVE<br>SANFORD, FL 32771 |

04082007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 540 PECAN AVE | P.O. BOX 1256 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SANFORD, FL. | City & State: SANFORD, FL. |
| Zip: 32771 Country: SEMINOLE | Zip: 32772 Country: SEMINOLE |

4. FEI Number 71-0898094 ☐ Applied For ☐ Not Applicable

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 Zip Code: 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: Harlan Walker 04-23-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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<br>WALKER, HARLAN<br>3493 OAK KNOLL PT<br>LAKE MARY, FL 32746 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WALKER, CAROLYN<br>3492 OAK KNOLL PT<br>LAKE MARY, FL 32746 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>YOUMANS, LENNON II<br>2003 ISLAND BAY CR<br>SANFORD, FL 32771 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KIZER, TIMOTHY C.<br>1978 FIRESIDE CT.<br>CASSELBERRY, FL. 32707 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>YOUMANS, TERINA<br>2003 ISLAND BAY CR<br>SANFORD, FL 32771 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>WOODARD, JANISE K.<br>356 WILLOW BAY RIDGE ST.<br>SANFORD, FL. 32771 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RAMIREZ, MANUEL<br>2125 EL CAMPO AVE.<br>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: Harlan Walker