

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005872

FILED  
Apr 30, 2008  
Secretary of State

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

## Current Principal Place of Business:

540 PECAN AVE  
SANFORD, FL 32771

## New Principal Place of Business:

1100 W. 13TH STREET  
SANFORD, FL 32771

## Current Mailing Address:

PO BOX 1256  
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  
540 PECAN AVE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

WALKER, HARLAN  
1100 W. 13TH STREET  
SANFORD, FL 32771 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:

04/30/2008

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: T ( ) Delete  
Name: KIZER, TIMOTHY C  
Address: 1978 FIRESIDE CR  
City-St-Zip: CASSELBERRY, FL 32707

Title: DS ( ) Delete  
Name: WOODARD, JANISE K  
Address: 356 WILLOW BAY RIDGE ST  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: RAMIREZ, MANUEL  
Address: 2125 EL CAMPO AVE  
City-St-Zip: DELTONA, FL 32725

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WOODARD, JOE L JR.  
Address: 2876 N. JULIET DR.  
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change ( ) Addition  
Name: SHAFER, CARL  
Address: 401 W. 19TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change ( ) Addition  
Name: RAMIREZ, MANUEL  
Address: 2125 EL CAMPO AVENUE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Change (X) Addition  
Name: PERKINS, OLIVER  
Address: 114 S. JESSAMINE AVENUE  
City-St-Zip: SANFORD,, FL 32771

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: HARLAN WALKER OR CAROLYN WALKER

P/VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date