

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: _____ Date: 04/30/2008
Electronic Signature of Registered Agent

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: SHAIKER, 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 PVP Date: 04/30/2008
Electronic Signature of Signing Officer or Director