2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N02306

Entity Name: EVER INCREASING WORD OF FAITH MINISTRIES, INCORPORATED

Current Principal Place of Business:

3749 SKYVIEW RD
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6141
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-2549916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAYLOR, SAUNDRETTE
3701 SKYVIEW ROAD
MARIANNA, FL 32446 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: PD ( ) Delete
Name: PITTMAN, FLAVIOUS E
Address: 3298 VALLEY OAKS DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: VPD ( ) Delete
Name: PITTMAN, JACQULINE
Address: 3298 VALLEY OAKS DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: SD ( ) Delete
Name: SAUNDRETTE, TAYLOR
Address: 3701 SKYVIEW ROAD
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: PELT, JESSIE
Address: 5462 AVERY ROAD
City-St-Zip: CAMPBELLTON, FL 32426

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:

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: SAUNDRETTE TAYLOR SD 04/23/2009

Electronic Signature of Signing Officer or Director — Date