

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02306

FILED  
Apr 04, 2012  
Secretary of State

**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 ( )**

**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  
Name: PITTMAN, FLAVIOUS E  
Address: 3298 VALLEY OAKS DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: VPD  
Name: PITTMAN, JACQUILINE  
Address: 3298 VALLEY OAKS DRIVE  
City-St-Zip: MARIANNA, FL 32446

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

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

Title: D  
Name: GRANGER, KENYONIS  
Address: 3351 VALLEY OAKS DRIVE  
City-St-Zip: MARIANNA, FL 32446

I hereby 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 all other like empowered.

SIGNATURE: SAUNDRETTE TAYLOR

SD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date