

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000961

FILED  
Aug 31, 2006  
Secretary of State

Entity Name: W.O.W. MINISTRIES, INC.

**Current Principal Place of Business:**

7801 SILVER LACE COURT  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

7801 SILVER LACE COURT  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number: 02-0668108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BROOKS-FLOWERS, LAYTECIA  
7801 SILVER LACE COURT  
TAMPA, FL 33619      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BROOKS-FLOWERS, LAYTECIA  
Address: 7801 SILVER LACE COURT  
City-St-Zip: TAMPA, FL 33619

Title: D      ( ) Delete  
Name: BROOKS, EDWINA  
Address: 6816 WOODVILLE STREET #90  
City-St-Zip: TAMPA, FL 33610

Title: D      ( ) Delete  
Name: GLOVER, SHANEKA  
Address: 7801 SILVER LACE COURT  
City-St-Zip: TAMPA, FL 33619

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAYTECIA BROOKS-FLOWERS

D

08/31/2006

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

\_\_\_\_\_  
Date