

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

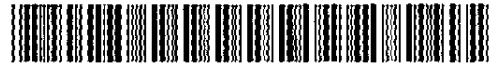
DOCUMENT # N03000002134

1. Entity Name
**WORD OF FAITH TRUTH HAS COME HELPING HANDS
INTERNATIONAL OUTREACH MINISTRIES, INC.**



Principal Place of Business
**304 SOUTH COUNTY ROAD 21
HAWTHORNE, FL 32640**

Mailing Address
**POST OFFICE BOX 832
INTERLACHEN, FL 32148**



03012006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3794501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALL, JOHNNY T
304 SOUTH COUNTY ROAD 21
HAWTHORNE, FL 32640**

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Johnny T. Hall

3-17-06

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000475384
04/05/06-80013-012 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
HALL, JOHNNY T
304 SOUTH COUNTY ROAD 21
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, CINDY A
304 SOUTH COUNTY ROAD 21
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGOLLIE, AMY
202 BAYBERRY DRIVE
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny T. Hall

3-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #