## 2008 NOT-FOR-PROFIT CORPORATION

## -ANNUAL REPORT (AR) FILED Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # N04000003502 TRANSFORMING WORD OF GOD MINISTRIES INC. Principal Place of Business Mailing Address 5281 N ANDREWS AVE 5281 N ANDREWS AVE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 90-0160739 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIERCE, PEGGY Street Address (P.O. Box Number is Not Acceptable) 5281 N ANDREWS AVE FT LAUDERDALE FL 33309 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioriga. Lam familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and the Tappionole. (NOTE: Registered Agant signature regained when reinstating) The state of the s FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete THEF Change ☐ Addition PIERCE, PEGGY MOORE NAME U00000809625 02/08/08-80029-016 70,00 5281 N ANDREWS AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33309 City ST-7IF CITY-ST-ZIP TILLE Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change nc:hbbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-S7-ZiP THE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change Addition NAME STREET AUDRESS STREET ACCIPESS CITY-ST-ZiP CITY-ST-ZiP TITLE Delete Change nc:libbA 🔲 NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZiP

STREET ADDRESS

CITY-ST-ZIP

1-28-200**8**