

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003921

FILED
Mar 27, 2005
Secretary of State

Entity Name: WHOLE FAITH MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 881064
PT ST LUCIE, FL 349881064

New Principal Place of Business:

Current Mailing Address:

PO BOX 881064
PT ST LUCIE, FL 349881064

New Mailing Address:

FEI Number: 86-1101613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURMOND, GWANDINE C
365 N E SURFSIDE AVE
PT ST LUCIE, FL 34983 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: P () Delete
Name: THURMOND, JEFFREY M
Address: 365 N E SURFSIDE AVE
City-St-Zip: PT ST LUCIE, FL 34983

Title: V () Delete
Name: THURMOND, GWANDINE C
Address: 365 N E SURFSIDE AVE
City-St-Zip: PT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: GWANDINE C. THURMOND

V

03/27/2005

Electronic Signature of Signing Officer or Director

Date