

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003921

FILED  
Apr 21, 2006  
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:**

THURMOND, GWANDINE C  
113 SW GRIMALDO TERRACE  
PT ST LUCIE, FL 34984 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: GWANDINE C. THURMOND

04/21/2006

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: P (X) Change ( ) Addition  
Name: THURMOND, JEFFREY M PASTOR  
Address: 113 SW GRIMALDO TERRACE  
City-St-Zip: PT ST LUCIE, FL 34984 US

Title: VP (X) Change ( ) Addition  
Name: THURMOND, GWANDINE C ASST. P  
Address: 113 SW GRIMALDO TERRACE  
City-St-Zip: PT ST LUCIE, FL 34984 US

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: GWANDINE C. THURMOND

VP

04/21/2006

Electronic Signature of Signing Officer or Director

Date