## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003921

FILED Mar 16, 2007 Secretary of State

Entity Nai	me: WHOLE	FAITH MINISTRIES, INC.			•	
Current Principal Place of Business:				New Principal Place of Business:		
PO BOX 881064 PT ST LUCIE, FL 349881064				113 SW GRIMALDO TERRACE PT ST LUCIE, FL 34984		
Current Mailing Address:				New Mailing Address:		
PO BOX 8 PT ST LUC	81064 CIE, FL 34988	31064				
FEI Number: 86-1101613 FEI Number Applied For ( ) FEI I			FEI Numb	per Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
113 SW G	ND, GWANDII RIMALDO TEI CIE, FL 34984	RRACE				
	named entity e of Florida.	submits this statement for the	purpose of	changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	THURMOND, J	) Delete EFFREY M PASTOR ALDO TERRACE FL 34984 US	1	Fitle: Name: Address: Dity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THURMOND, C	) Delete BWANDINE C ASST. P ALDO TERRACE FL 34984 US	1	Fitle: Name: Address: City-St-Zip:	() Change () Addition	

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 03/16/2007