

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003921

FILED
Apr 25, 2008
Secretary of State

Entity Name: WHOLE FAITH MINISTRIES, INC.

Current Principal Place of Business:

113 SW GRIMALDO TERRACE
PT ST LUCIE, FL 34984

New Principal Place of Business:

1342 SW BARTELL AVENUE
PT ST LUCIE, FL 34953

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
113 SW GRIMALDO TERRACE
PT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

THURMOND, GWANDINE C
1342 SW BARTELL AVENUE
PT ST LUCIE, FL 34953 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

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THURMOND, JEFFREY M PASTOR
Address: 1342 SW BARTELL AVENUE
City-St-Zip: PT ST LUCIE, FL 34953 US

Title: VP (X) Change () Addition
Name: THURMOND, GWANDINE C ASST. P
Address: 1342 SW BARTELL AVENUE
City-St-Zip: PT ST LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify 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

04/25/2008

Electronic Signature of Signing Officer or Director

Date