

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005753

FILED
Aug 21, 2008
Secretary of State

Entity Name: WORDS OF ENCOURAGEMENT MINISTRY, INC.

Current Principal Place of Business:

880 PENNY DR.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

PO BOX 560512
ROCKLEDGE, FL 329560512

New Mailing Address:

FEI Number: 56-2470410 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAREY, JANETTE
880 PENNY DR.
TITUSVILLE, FL 32780 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: CAREY, JANETTE
Address: 880 PENNY DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: MARTIN, DEBRA
Address: 372 JOHNSON BLVD
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: GUILFORD, MARCUS
Address: 880 PENNY DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: GRAHAM, MATTHEW
Address: 4211 FOUNTAINPALMS RD.
City-St-Zip: COCOA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JANETTE CAREY

P

08/21/2008

Electronic Signature of Signing Officer or Director

Date