

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006403

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: WORD OF FAITH CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

1860 OLD OKECCHOBEE BLVD.  
BLDG 200 STE 202  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

5769 AZALEA CIRCLE  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

FEI Number: 20-1311037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, JONATHAN B  
5769 AZALEA CIRCLE  
WEST PALM BEACH, FL 33415 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: PRES ( ) Delete  
Name: BROWN, JONATHAN B  
Address: 5769 AZALEA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: VP ( ) Delete  
Name: BROWN, PATRICKA D  
Address: 5769 AZALEA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: SEC ( ) Delete  
Name: RELLFORD, VERN A  
Address: 3654 VIA POINCIANA BLDG 3-301  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: TRUS ( ) Delete  
Name: THOMAS, PATRICIA  
Address: 2711 VANDIVER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33404 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SEC (X) Change ( ) Addition  
Name: BROWN, LATASHA  
Address: 2200 NORTH AUSTRALIAN AVE APT 105  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: TRUS (X) Change ( ) Addition  
Name: RELLFORD, VERN A  
Address: 3654 VIA POINCIANA BLDG 3-301  
City-St-Zip: LAKE WORTH, FL 33467 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: JONATHAN B. BROWN

PRES

03/14/2008

Electronic Signature of Signing Officer or Director

Date