## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400007700

FILED Jan 12, 2007 Secretary of State

Entity Name: WOODY BENNETT MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 8745 NW 57TH STREET TAMARAC, FL 33351 **Current Mailing Address: New Mailing Address:** P O BOX 25022 FORT LAUDERDALE, FL 33320 US FEI Number: 76-0755839 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENNETT, WOODROW JR 9545 NEW WATERFORD COVE DELRAY BEACH, FL 33446 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BENNETT, WOODROW JR Name: Name: Address: 9545 NEW WATERFORD COVE Address: City-St-Zip: DELRAY BEACH, FL 33446 US City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: BENNETT, ERMA I Name: Address: 9545 NEW WATERFORD COVE Address: City-St-Zip: DELRAY BEACH, FL 33446 US City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition HUGHES, MYRNA Name: HUGHES, MYRNA Name: 3710 INVERRARY DRIVE, #S1H 3710 INVERRARY DRIVE, UNIT #S1H Address: Address: City-St-Zip: LAUDERHILL, FL 33319 US City-St-Zip: LAUDERHILL, FL 33319 US Title: TD ( ) Delete Title: () Change () Addition DONES, LORI É Name: Name: Address: 20641 SW 124TH CT Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip:

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: ERMA I. BENNETT VD 01/12/2007