2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# N04000007700

Entity Name: WOODY BENNETT MINISTRIES, INC.

Current Principal Place of Business:

9545 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

P O BOX 25022
FORT LAUDERDALE, FL 33320 US

New Mailing Address:

FEI Number: 76-0755839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BENNETT, WOODROW JR
9545 NEW WATERFORD COVE
DELRAY BEACH, FL 33446 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:	PD	( ) Delete
Name:	BENNETT, WOODROW JR	
Address:	9545 NEW WATERFORD COVE	
City-St-Zip:	DELRAY BEACH, FL 33446 US	
Title:	VD	( ) Delete
Name:	BENNETT, ERMA I	
Address:	9545 NEW WATERFORD COVE	
City-St-Zip:	DELRAY BEACH, FL 33446 US	
Title:	SD	( ) Delete
Name:	HUGHES, MYRNA	
Address:	10943 NW 43RD STREET, BUILDING 1	
City-St-Zip:	SUNRISE, FL 33351 US	
Title:	TD	( ) Delete
Name:	DONES, LORI E	
Address:	20641 SW 124TH CT	
City-St-Zip:	MIAMI, FL 33177 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	HUGHES-MURPHY, MYRNA	
Address:	2509 VICTORIA POINT DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32218 US	
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: ERMA I. BENNETT VD 01/22/2008

Electronic Signature of Signing Officer or Director — Date