

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006402

FILED
Feb 01, 2012
Secretary of State

Entity Name: C.W. MINISTRIES, INC.

Current Principal Place of Business:

6043 NW 167 STREET
A-8
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

6043 NW 167 STREET
A-8
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 20-3025863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOUIS-WILLIAMS, CHIMENE
6043 NW 167 STREET
A-8
MIAMI LAKES, FL 33015 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
Name: LOUIS-WILLIAMS, CHIMENE
Address: 6043 NW 167 STREET #A-8
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: LOUIS, JEAN MARIE
Address: 6043 NW 167 STREET #A-8
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: GENARD, MARGARET
Address: 6043 NW 167 STREET #A-8
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: MARCELIN, CHRISTINA
Address: 6043 NW 167 STREET #A-8
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: NELSON, KERVEN
Address: 6043 NW 167 STREET #A-8
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: WILLIAMS, SIMON
Address: 6043 NW 167 STREET #A-8
City-St-Zip: HIALEAH, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: CHIMENE WILLIAMS LOUIS

PD

02/01/2012

Electronic Signature of Signing Officer or Director

Date