

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012705

FILED
Apr 24, 2009
Secretary of State

Entity Name: 2ND CHAPTER OF ACTS-WORD OF FIRE MINISTRIES, INC.

Current Principal Place of Business:

319 CLEVELAND STREET
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

1302-3RD STREET, NORTH EAST
WINTER HAVEN, FL 33881 24

New Mailing Address:

FEI Number: 68-0627435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERKINS, JEANNETTE T
1302-3RD STREET, NORTH EAST
WINTER HAVEN, FL 33881 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: PERKINS, JEANNETTE T
Address: 1302-3RD STREET, NORTH EAST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VP () Delete
Name: PERKINS, JOHN JR.
Address: 1302-3RD STREET, NORTH EAST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: STD () Delete
Name: GARRISON, SHAARKY B
Address: 1302-3RD STREET, NORTH EAST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D () Delete
Name: BROWN, SHEREKA G
Address: 1302-3RD STREET, NORTH EAST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D () Delete
Name: ROBINSON, LASAUNDRIA D
Address: 1302-3RD STREET, NORTH EAST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D () Delete
Name: SALMON, GALE M
Address: 610 LEMON STREET
City-St-Zip: DUNDEE, FL 33838 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SALMON, GALE M
Address: 610 LEMON AVENUE
City-St-Zip: DUNDEE, FL 33838 US

Title: D (X) Change () Addition
Name: REDMOND, NICOLE Y
Address: 1101 NELSON MEADOW LANE
City-St-Zip: KISSIMMEE, FL 34759 US

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

Title: STD (X) Change () Addition
Name: ROSS, ANGELA E
Address: 1101 NELSON MEADOWS LANE
City-St-Zip: KISSIMMEE, FL 34759 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: JOHN PERKINS, JR.

OFFI

04/24/2009

Electronic Signature of Signing Officer or Director

Date