

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012705

FILED  
Apr 27, 2010  
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  
**Name:** PERKINS, JEANNETTE T DR.  
**Address:** 1302-3RD STREET, NORTH EAST  
**City-St-Zip:** WINTER HAVEN, FL 33881 US

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

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

**Title:** D  
**Name:** REDMOND, NICOLE Y  
**Address:** 1101 NELSON MEADOW LANE  
**City-St-Zip:** KISSIMMEE, FL 34759 US

**Title:** D  
**Name:** JORDAN, CHRIS A  
**Address:** 399 AVENUE N, NORTH EAST  
**City-St-Zip:** WINTER HAVEN, FL 33881 US

**Title:** STD  
**Name:** ROSS, ANGELA E  
**Address:** 1101 NELSON MEADOWS LANE  
**City-St-Zip:** KISSIMMEE, FL 34759 US

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:** DR. JEANNETTE T PERKINS

PRES

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date