

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009135

FILED
Apr 29, 2007
Secretary of State

Entity Name: WORD OF FAITH INNER CITY MINISTRIES, INC.

Current Principal Place of Business:

267 NW DELAR GLEN
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

PO BOX 3771
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 11-3787802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERRY, EVELYN
267 NW DELAR GLEN
LAKE CITY, FL 32055 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: P () Delete
Name: PERRY, EVELYN
Address: 267 NW DELAR GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: V () Delete
Name: WILLIAMS, VERDELL J
Address: 8505 OAK LEAF RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: MURPHY, SAMEIKA O
Address: 12202 N 22ND STREET
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EVELYN PERRY

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date