2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N06000010908

Entity Name: SPOKEN WORD DELIVERANCE WORLD WIDE MINISTRIES INC.

Current Principal Place of Business:

1038 SW PROVINCETOWN LANE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 454
INDIANTOWN, FL 34956 US

New Mailing Address:

FEI Number: 20-5743000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILL, JAMES A
1038 SW PROVINCETOWN LANE
PORT SAINT LUCIE, FL 34953 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: HILL, LORETTA D
Address: 1038 SW PROVINCETOWN LANE
City-St-Zip: PORT AINT LUCIE, FL 34953 US

Title: VP ( ) Delete
Name: HILL, JAMES A
Address: 1038 SW PROVINCETOWN LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: T ( ) Delete
Name: EUSHIKIA, WHITEHEAD
Address: 814 SALTONSTALL TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: S ( ) Delete
Name: DAVIS, MARY F
Address: P.O. BOX 1552
City-St-Zip: CLEWISTON, FL 33440 US

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:

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: LORETTA D. HILL P 03/22/2009

Electronic Signature of Signing Officer or Director — Date