

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012048

FILED
Jul 08, 2007
Secretary of State

Entity Name: EVER INCREASING WORD OF FAITH MINISTRIES EMERALD COAST, INC.

Current Principal Place of Business:

COUNTY INN AND SUITES
PANAMA CITY, FL

New Principal Place of Business:

3135 C HWY 98
SPRINGFIELD, FL 32404

Current Mailing Address:

P.O. BOX 984
COTTONDALE, FL 32431

New Mailing Address:

FEI Number: 80-2173788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RISS, NAOMI R
4162 JACKSON ROAD
COTTONDALE, FL 32431 US

Name and Address of New Registered Agent:

RUSS, NAOMI R
4162 JACKSON ROAD
COTTONDALE, FL 32431 US

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: NAOMI R RUSS

07/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSS, HURLEY B
Address: P.O. BOX 984
City-St-Zip: COTTONDALE, FL 32431

Title: TD () Delete
Name: RUSS, NAOMI R
Address: P.O. BOX 984
City-St-Zip: COTTONDALE, FL 32431

Title: SD () Delete
Name: BEECHAM, CORA
Address: 4522 JACKSON RD
City-St-Zip: COTTONDALE, FL 32431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SESSION, SELETHA A
Address: 605 DAVID AVE
City-St-Zip: PANAMA CITY, FL 32404

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: HURLEY B RUSS

PD

07/08/2007

Electronic Signature of Signing Officer or Director

Date