

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000627

FILED
Sep 24, 2008
Secretary of State

Entity Name: WORLD FAITH ASSURANCE FOUNDATION, INC

Current Principal Place of Business:

4600 TOUCHTON RD E
STE 150, BLDG 100
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4600 TOUCHTON RD E
STE 150, BLDG 100
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 75-3228233 **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:

Name and Address of New Registered Agent:

SANDERS, CRAIG
4600 TOUCHTON RD E
STE 150 BLDG 100
JACKSONVILLE, FL 32246 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDERS, CRAIG
Address: 4600 TOUCHTON RD E STE 150 BLDG 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Delete
Name: PRESTON, PAUL
Address: 4600 TOUCHTON RD E STE 150 BLDG 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Delete
Name: HOWARD, PAULA
Address: 4600 TOUCHTON RD E STE 150 BLDG 100
City-St-Zip: JACKSONVILLE, FL 32246

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: CRAIG SANDERS

DIR

09/24/2008

Electronic Signature of Signing Officer or Director

Date