

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006539

FILED
Mar 30, 2009
Secretary of State

Entity Name: WORD AND POWER MINISTRIES, INC.

Current Principal Place of Business:

1886 LONGWOOD LAKE MARY ROAD
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1886 LONGWOOD LAKE MARY ROAD
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3389016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKERS, STEPHEN W
1886 LONGWOOD LAKE MARY ROAD
LONGWOOD, FL 32750 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: D () Delete
Name: BROADWAY, TISH
Address: 1999 LAKE EMMA RD
City-St-Zip: LONGWOOD, FL 32750

Title: TD () Delete
Name: WILLIAMS, JOYCE E
Address: 6014 VILLAGE CIRCLE
City-St-Zip: ORLANDO, FL 32822

Title: TD (X) Delete
Name: BROADWAY, TISH
Address: 1999 LAKE EMMA RD
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: WILLIAMS, JOYCE E
Address: 6014 VILLAGE CIRCLE
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: MANNY, RITA
Address: 1699 HILLSIDE DR
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: ROTHROCK, ROSALINA
Address: 9780 WILD OAK DR
City-St-Zip: WINDERMERE, FL 34786

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: D (X) Change () Addition
Name: ROTHROCK, JIM
Address: 9780 WILD OAK DR
City-St-Zip: WINDERMERE, FL 34786

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: STEPHEN W. AKERS

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date