

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008507

FILED
Feb 07, 2009
Secretary of State

Entity Name: EVER INCREASING WORD MINISTRIES INC.

Current Principal Place of Business:

324 NW 16 PLACE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

324 NW 16 PLACE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 80-0178227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANDERS, JOHNNY L. SR.
324 NW 16 PLACE
POMPANO BEACH, FL 33060 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: PD () Delete
Name: ZANDERS, JOHNNY SR.
Address: 324 NW 16 PLACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD () Delete
Name: ZANDERS, DEBORAH C.
Address: 324 NW 16 PLACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD () Delete
Name: MURRAY, LATASHA
Address: 24 S. JACKSON ST.
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: BRAND, CHARLES
Address: 4508 NW 43 TERR.
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: BRAND, ROSEMARY
Address: 4508 NW 43 TERR.
City-St-Zip: TAMARAC, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: JOHNSON, LONNIE B
Address: 5045 WILES ROAD, BLDG 10 UNIT 105
City-St-Zip: COCONUT CREEK, FL 33073

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

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

Title: D () Change (X) Addition
Name: JOHNSON, SUSIE
Address: 5045 WILES ROAD BLDG 10 UNIT 105
City-St-Zip: COCONUT CREEK, FL 33073

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: JOHNNY L. ZANDERS SR.

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date