2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# N07000008751

Entity Name: WANDA BRUCE MINISTRIES INC.

Current Principal Place of Business:

625 BELLTOWER AVE APT B
DELTONA, FL 32725

New Principal Place of Business:

141 LANDMARK STREET
DELTONA, FL 32725

Current Mailing Address:

PO BOX 6512
DELTONA, FL 32728

New Mailing Address:

FEI Number: 65-1318582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BRUCE, WANDA
625 BELLTOWER AVE APT B
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

BRUCE, WANDA
141 LANDMARK STREET
DELTONA, FL 32725 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: _____ 08/29/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: BRUCE, WANDA L
Address: PO BOX 6512
City-St-Zip: DELTONA, FL 32728

Title: DV ( ) Delete
Name: FITCH, PAMELA C
Address: 406 WOODFARE LANE
City-St-Zip: KENNESAW, GA 30152

Title: D ( ) Delete
Name: OATIS, MAMMIE
Address: 1060 KENNEDY ROAD
City-St-Zip: DAYTONA BEACH, FL 32117

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: BRUCE, WANDA L
Address: PO BOX 6512
City-St-Zip: DELTONA, FL 32728 US

Title: DVA (X) Change ( ) Addition
Name: FITCH, PAMELA C
Address: 406 WOODFARE LANE
City-St-Zip: KENNESAW, GA 30152 US

Title: DVT (X) Change ( ) Addition
Name: OATIS, MAMMIE
Address: 1060 KENNEDY ROAD
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: DVS ( ) Change (X) Addition
Name: COX, MARY
Address: 944 EMBASSEY DRIVE
City-St-Zip: DELTONA, FL 32725 US

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: WANDA L BRUCE DPST 08/29/2008
Electronic Signature of Signing Officer or Director — Date