

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010159

FILED  
Aug 14, 2009  
Secretary of State

Entity Name: ALL WORD OF FAITH MINISTRIES INC.

## Current Principal Place of Business:

5410 SOUTEL DR  
JACKSONVILLE, FL 32219

## New Principal Place of Business:

677 PARKVIEW DR  
JACKSONVILLE, FL 32254

## Current Mailing Address:

8419 CONCORD BLVD W  
JACKSONVILLE, FL 32208

## New Mailing Address:

677 PARKVIEW DR  
JACKSONVILLE, FL 32254

FEI Number: 26-2771661      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:

JOHNSON, DONNIE L  
8419 CONCORD BLVD W  
JACKSONVILLE, FL 32208      US

## Name and Address of New Registered Agent:

JOHNSON, DONNIE L  
6870 103RD STREET  
415  
JACKSONVILLE, FL 32208 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: DONNIE JOHNSON

08/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: OD      ( ) Delete  
Name: COLDEN, WENDY W  
Address: 8419 CONCORD BLVD W  
City-St-Zip: JACKSONVILLE, FL 32208

Title: CS      ( ) Delete  
Name: JOHNSON, CHARNESSIA  
Address: 517 W 14ST  
City-St-Zip: JACKSONVILLE, FL 32208

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EDM      (X) Change ( ) Addition  
Name: JOHNSON, WENDY W  
Address: 6870 103RD STREET APT 415  
City-St-Zip: JACKSONVILLE, FL 32210

Title: CFO      (X) Change ( ) Addition  
Name: JOHNSON, CHARNESSIA  
Address: 677 PARKVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: EDO      ( ) Change (X) Addition  
Name: HAYNES, MAURY  
Address: 12540 BISCAYNE BLVD APT 916  
City-St-Zip: JACKSONVILLE, FL 32218

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: CHARNESSIA JOHNSON

CFO

08/14/2009

Electronic Signature of Signing Officer or Director

Date