

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011512

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** WORD OF EL SHADDAI HEALING MINISTRIES, INC.

**Current Principal Place of Business:**

CAMPBELL PARK RECREATION CENTER  
601 14TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

2645-65TH AVE S  
SAINT PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 36-4623532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, JOHNNIE RUTH  
2645 65TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712 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: PIERCE, TONY  
Address: 2645 65TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP ( ) Delete  
Name: PIERCE, JOHNNIE RUTH  
Address: 2645 65TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VPT ( ) Delete  
Name: LAMAR, MELVIN  
Address: 6401 31ST STREET SOUTH, APT. 306  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD ( ) Delete  
Name: WILLIAMS, JOY  
Address: 1701 54TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD ( ) Delete  
Name: LAMAR, TONI  
Address: 6401 31ST STREET SOUTH, APT. 306  
City-St-Zip: ST. PETERSBURG, FL 33712

**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: ( ) 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: TONI LAMAR

SD

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date