

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011559

FILED
Apr 10, 2012
Secretary of State

Entity Name: ALL IN THE WORD FAITH MINISTRIES COGIC, INC.

Current Principal Place of Business:

509 MARTIN LUTHER KING BLVD.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

PO BOX 250157
HOLLY HILL, FL 32125

New Mailing Address:

FEI Number: 74-3245413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LAUNDSY SR. PASTOR
1220 CADILLAC DRIVE
DAYTONA BEACH, FL 32117 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: P
Name: WILLIAMS, LAUNDSY SR.
Address: 1220 CADILLAC DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: V
Name: JANIE, WILLIAMS
Address: 1220 CADILLAC DR.
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S
Name: KIMKESIA, MORGAN
Address: 14365 QUEENSIDE STREET
City-St-Zip: ORLANDO, FL 32825

Title: S
Name: SYLVIA, STEWARD Q
Address: 555 FAIR MOUNT RORD
City-St-Zip: DAYTONA BEACH, FL 32144

Title: M
Name: PATRICIA, HILL
Address: 717 ELLEN STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: HENSON, BOB
Address: 14365 QUEENSIDE STREET
City-St-Zip: SOUTH DAYTONA BEACH, FL 32129

I hereby 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 all other like empowered.

SIGNATURE: JANIE WILLIAMS

V

04/10/2012

Electronic Signature of Signing Officer or Director

Date