2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N08000000400

Entity Name: WALK ON WATER MINISTRIES OF CENTRAL FLORIDA (WOW) INC.

Current Principal Place of Business:

3380 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

1580 E. CRISAFULLI RD.
MERRITT ISLAND, FL 32953

New Mailing Address:

3380 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

FEI Number: 74-3237382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, PATRICIA J
3380 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953 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: HAROLD, JERRY
Address: 1240 N. TROPICAL COVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD ( ) Delete
Name: HAROLD, BOBBIE
Address: 1240 N. TROPICAL COVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD ( ) Delete
Name: GAMBLE, DONNA
Address: 225 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: DUCHAINE, KATHLEEN
Address: 460 STONEHENGE CIR.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BRYAN, PATRICIA J DIRECTO
Address: 3380 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD (X) Change ( ) Addition
Name: MCDEDE, LIANE
Address: 3385 SAVANAHS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

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: PATRICIA BRYAN DIRE 01/05/2009
Electronic Signature of Signing Officer or Director — Date