

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000400

FILED  
Apr 12, 2010  
Secretary of State

**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:**

6360 ARBORWOOD AV  
COCOA, FL 32927

**Current Mailing Address:**

3380 N. TROPICAL TRAIL  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**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: D  
Name: BRYAN, PATRICIA J DIRECTO  
Address: 3380 N. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD  
Name: MCDEDE, LIANE  
Address: 3385 SAVANAHS TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD  
Name: NORRIS, SHANNON  
Address: 147 FAIRVIEW AVE  
City-St-Zip: COCOA, FL 32927

Title: TD  
Name: NORRIS, SUZEE  
Address: 6360 ARBORWOOD AV  
City-St-Zip: COCOA, FL 32927

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: PATRICIA BRYAN

DIRE

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date