

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000362

FILED
Mar 11, 2010
Secretary of State

Entity Name: WHOLENESS EMPOWERMENT MINISTRIES, INC.

Current Principal Place of Business:

1545 NW 7TH TERRACE
POMPANO BEACH, FL 33060

New Principal Place of Business:

1557 N. DIXIE HIGHWAY
POMPANO BEACH, FL 33060

Current Mailing Address:

1545 NW 7TH TERRACE
POMPANO BEACH, FL 33060

New Mailing Address:

P.O. BOX 668055
POMPANO BEACH, FL 33066

FEI Number: 26-4001116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, LAVAUGHNN
1545 NW 7TH TERRACE
POMPANO BEACH, FL 33060 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: DP
Name: LEWIS, LAVAUGHN
Address: 1545 NW 7TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: DVP
Name: LEWIS, BOBBY
Address: 1545 NW 7TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST
Name: DAVIS, MARSHELLE
Address: 3272 N. DIXIE HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

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: LAVAUGHN LEWIS

P

03/11/2010

Electronic Signature of Signing Officer or Director

Date