


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # R12766			
1. Entity Name WORD OF FAITH MINISTRIES, INCORPORATED			
Principal Place of Business C/O CONNIE J. MEARS 3521 S.W. 87TH PLACE OCALA FL 34476 US		Mailing Address C/O CONNIE J. MEARS 3521 S.W. 87TH PLACE OCALA FL 34476 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MEARS, CONNIE J. 3521 S.W. 87TH PLACE OCALA FL 34476		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (No I.C. (registered agent signature required when reinstating))</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MEARS, JAMES R.	NAME	
STREET ADDRESS	3521 S.W. 87TH PLACE	STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KITTS, THOMAS	NAME	
STREET ADDRESS	3521 S.W. 87TH PLACE	STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MEARS, CONNIE J.	NAME	
STREET ADDRESS	3521 S.W. 87TH PLACE	STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2963041** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

(100000475268)
04/05/06-80009-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James R. Mears* **JAMES R. MEARS (Rev)** 02/1/06 (301237-8355)