

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 06, 2008  
Secretary of State**

DOCUMENT# N12766

Entity Name: WORD OF FAITH MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

C/O CONNIE J. MEARS  
3521 S.W. 87TH PLACE  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CONNIE J. MEARS  
3521 S.W. 87TH PLACE  
OCALA, FL 34476 US

**New Mailing Address:**

FEI Number: 59-2963041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEARS, CONNIE J.  
3521 S.W. 87TH PLACE  
OCALA, FL 34476 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: MEARS, JAMES R.,  
Address: 3521 S.W. 87TH PLACE  
City-St-Zip: Ocala, FL

Title: VD ( ) Delete  
Name: KITTS, THOMAS,  
Address: 3521 S.W. 87TH PLACE  
City-St-Zip: Ocala, FL

Title: STD ( ) Delete  
Name: MEARS, CONNIE J.,  
Address: 3521 S.W. 87TH PLACE  
City-St-Zip: Ocala, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES R. MEARS

PD

03/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date