

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12766

FILED
Feb 28, 2009
Secretary of State

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: PD (X) Change () Addition
Name: MEARS, JAMES R REV.
Address: 3521 S.W. 87TH PLACE
City-St-Zip: Ocala, FL 34476

Title: VD (X) Change () Addition
Name: PELLERITO, SALVATORE REV.
Address: 3521 S.W. 87TH PLACE
City-St-Zip: Ocala, FL 34476

Title: STD (X) Change () Addition
Name: MEARS, CONNIE J.,
Address: 3521 S.W. 87TH PLACE
City-St-Zip: Ocala, FL 34476

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

02/28/2009

Electronic Signature of Signing Officer or Director

_____ Date