

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33951

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE AWAKENING POWER OF GOD'S WORD MINISTRIES, INC.

**Current Principal Place of Business:**

1665 E 9TH ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1665 E 9TH ST  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 59-2987101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MEEKS, A D  
1665 E 9TH ST  
JACKSONVILLE, FL 32206 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  
Name: MEEKS, A.D.  
Address: 1665 E 9TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD  
Name: MEEKS, DERRICK  
Address: 8391 ARGYLE CORNER DR. EAST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP  
Name: MEEKS, L.B.  
Address: 1665 E 9TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD  
Name: JONES, SHURNITA  
Address: 1665 E 9TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD  
Name: MEEKS, LASHA B  
Address: 1665 E 9TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD  
Name: MEEKS, ANDREW D  
Address: 5885 EDENFIELD RD  
City-St-Zip: JACKSONVILLE, FL 32277

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:** A.D. MEEKS

PD

01/05/2012

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

\_\_\_\_\_  
Date