2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44770

FILED May 11, 2008 Secretary of State

Entity Name: GOD'S TOTAL WORD MINISTRIES OF THE APOSTOLIC FAITH INC.

Current Principal Place of Business: New Principal Place of Business: 3311 NW 189 ST 1978 APPLEGATE DRIVE MIAMI, FL 33056 OCOEE, FL 34761 US **Current Mailing Address: New Mailing Address:** 1978 APPLEGATEDRIVE PO BOX #680831 MIAMI, FL 33168 US OCOEE, FL 34761 FEI Number: 65-0298984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRACE, MELVIN W. GRACE, MELVIN W 1978 APPLEGATEDRIVE 1421 N.W. 111 ST MIAMI, FL 33167 OCOEE, FL 34761 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: 05/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GRACE, MELVIN W. JR., GRACE, MELVIN W. JR., Name: Name: PO BOX 680831 Address: 1978 APPLEGATE DRIVE Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: (X) Change () Addition Name: BENNETT, MONIQUE Name: BENNETT, MONIQUE Address: PO BOX 680831 Address: 3401 LARIAT LANE APT #1 City-St-Zip: MIAMI, FL 33168 City-St-Zip: ORLANDO, FL 32826 Title: () Delete Title: () Change () Addition MOORE, DEBORAH Name: Name: 8380 NE 3RD AVENUE Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CURRY, KAREN Name: 2998 NW 83 RD TERRACE Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: VΡ () Delete Title: VΡ (X) Change () Addition GRACE, VALARIE R GRACE, VALARIE R Name: Name: PO BOX #680831 1978 APPLEGATE DRIVE Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: () Change () Addition HOLMES, MICHAEL Name: Name: Address: 3540 N.W. 206 ST Address: MIAMI, FL 33056 City-St-Zip: 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: MELVIN W. GRACE JR. P 05/11/2008