2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44770

FILED May 15, 2009 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: 1978 APPLEGATE DRIVE 1906 ANCIENT OAK DRIVE OCOEE, FL 34761 OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** 1978 APPLEGATEDRIVE 1906 ANCIENT OAK DRIVE OCOEE, FL 34761 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 1906 ANCIENT OAK DRIVE OCOEE, FL 34761 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: 05/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GRACE, MELVIN W. JR. GRACE, MELVIN W. JR. Name: Name: 1978 APPLEGATE DRIVE Address: 1906 ANCIENT OAK DRIVE Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: () Change () Addition BENNETT, MONIQUE Name: Name: Address: 3401 LARIAT LANE APT #1 Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: 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: 1978 APPLEGATE DRIVE 1906 ANCIENT OAK DRIVE Address: Address: City-St-Zip: OCOEE, FL 34761 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: VALARIE R GRACE VP 05/15/2009