

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002638

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** PALM HARBOR WORD OF FAITH CHURCH, INC.

**Current Principal Place of Business:**

1588 KLOSTERMAN ROAD  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

1588 KLOSTERMAN ROAD  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-3186258      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BLACK, SUSAN L  
3504 ROLLING TRAIL  
PALM HARBOR, FL 34684      US

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: P/D      ( ) Delete  
Name: SNOW, LONNIE  
Address: 2150 CIMARRON TERRACE  
City-St-Zip: PALM HARBOR, FL 34683

Title: VP/D      ( ) Delete  
Name: SNOW, KELLI  
Address: 2150 CIMARRON TERRACE  
City-St-Zip: PALM HARBOR, FL 34683

Title: STD      ( ) Delete  
Name: BLACK, SUSAN L  
Address: 3504 ROLLING TRAIL  
City-St-Zip: PALM HARBOR, FL 34684

**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: SUSAN L BLACK

STD

05/01/2008

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

\_\_\_\_\_  
Date