

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 02, 2008
Secretary of State**

DOCUMENT# N94000001074

Entity Name: JACKSONVILLE WORD OF FAITH CHURCH, INC.**Current Principal Place of Business:**1396 CHAFFEE ROAD
JACKSONVILLE, FL 32221 US**New Principal Place of Business:****Current Mailing Address:**1396 CHAFFEE ROAD
JACKSONVILLE, FL 32221 US**New Mailing Address:**

FEI Number: 59-3228980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FOURAKER, SIMONE D
1527 MARBLE LAKE DR
JACKSONVILLE, FL 32221 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: TP () Delete
Name: FOURAKER, SIMONE
Address: 1527 MARBLE LAKE DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: TV () Delete
Name: MACK, AUDREY
Address: 1546 SIR VILA ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TST () Delete
Name: MCDONNOUGH, JANE
Address: PO OBX 16298
City-St-Zip: TAMPA, FL 33687

Title: S () Delete
Name: FOURAKER, JAMES
Address: 1527 MARBLE LAKE DR
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TST (X) Change () Addition
Name: MACK, FRED
Address: 1546 SIR VILA ROAD
City-St-Zip: JACKSONVILLE, FL 32225

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: SIMONE FOURAKER

TP

06/02/2008

Electronic Signature of Signing Officer or Director

Date