


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90248 001 \*\*\*\*70.00

DOCUMENT # N97000000512					
1. Entity Name BY THE WORD OF FAITH CHURCH, INC.					
Principal Place of Business		Mailing Address			
BY THE WORD OF FAITH CHURCH, INC. 558 28TH ST. SO. SAINT PETERSBURG FL 33712 US		558 28TH STREET SOUTH 008/0090 558 28TH ST, SO ST PETERSBURG FL 33712 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3424347	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANDS, WILLIE 3537 BEACH DR SOUTHEAST SAINT PETERSBURG FL 33705			Name Willie Cedric SANDS		
			Street Address (P.O. Box Number is Not Acceptable)		
			3537 BEACH DR SOUTHEAST		
			City ST. Petersburg FL Zip Code 33705		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Willie Cedric Sands - Willie Cedric Sands		05-05-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	AP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SANDS, WILLIE	NAME	PATRICIA SANDS		
STREET ADDRESS	558 28TH STREET SOUTH	STREET ADDRESS	558 28th St So		
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	CITY-ST-ZIP	ST. Petersburg FLA 33712		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, LORENZO	NAME	Tammie Wiggins		
STREET ADDRESS	558 28TH STREET SOUTH	STREET ADDRESS	558 28th St South		
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	CITY-ST-ZIP	ST. Petersburg FLA 33712		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TEAGLE, ROBERT	NAME	Regina Williams		
STREET ADDRESS	558 28TH STREET SOUTH	STREET ADDRESS	558 28th St South		
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	CITY-ST-ZIP	ST. Petersburg FLA 33712		
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, LORENZO	NAME			
STREET ADDRESS	558 28TH ST. SOUTH	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIGGINS, RICHARD	NAME			
STREET ADDRESS	558 28TH STREET SOUTH	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Willie Cedric Sands - Willie Cedric Sands		05-05-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	