



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90034 030 ****70.00

DOCUMENT # N97000000512					
1. Entity Name BY THE WORD OF FAITH CHURCH, INC.					
Principal Place of Business BY THE WORD OF FAITH CHURCH, INC. 558 28TH ST. SO. SAINT PETERSBURG FL 33712 US			Mailing Address 558 28TH STREET SOUTH 008/0090 558 28TH ST. SO ST PETERSBURG FL 33712 US		
2. Principal Place of Business - No P.O. Box # BY THE WORD OF FAITH CHURCH		3. Mailing Address 558 28th St South			
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. Same			
City & State ST. PETERSBURG FLA		City & State ST. PETERSBURG FLA		1st MOORE CR2E037 (10/06)	
4. FEI Number 59-3424347		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SANDS, WILLIE 3537 BEACH DR SOUTHEAST SAINT PETERSBURG FL 33705			7. Name and Address of New Registered Agent 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: PASTOR WILLIE CEDRIC SANDS Pastor Willie Cedric Sands 04-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	AP SANDS, WILLIE 558 28TH STREET SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, LORENZO 558 28TH STREET SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TEAGLE, ROBERT 558 28TH STREET SOUTH SAINT PETERSBURG FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR JONES, LORENZO 558 28TH ST. SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WIGGINS, RICHARD 558 28TH STREET SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDS, PATRICIA 558 28TH ST S SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: PASTOR WILLIE CEDRIC SANDS - Willie Cedric Sands 04-30-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #