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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001918 (8)**

1. Corporation Name

**WORD OF WISDOM MINISTRIES, INC.**



Principal Place of Business <b>2430 EGRETS GLADE DRIVE JACKSONVILLE FL 32224</b>	Mailing Address <b>POST OFFICE BOX 551141 JACKSONVILLE FL 32255</b>
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3. Date Incorporated or Qualified  
**04/04/1997**

4. FEI Number **59-3472627** ☒ Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWEETING, PATRICIA  
2430 EGRETS GLADE DRIVE  
JACKSONVILLE FL 32224**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition  
1.2 NAME **Gerald Sweeting**  
1.3 STREET ADDRESS **2430 Egrets Glade Drive**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32224**

2.1 TITLE **Vice President** ☐ Change ☒ Addition  
2.2 NAME **Patricia Sweeting**  
2.3 STREET ADDRESS **2430 Egrets Glade Drive**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32224**

3.1 TITLE **Director/Exec. Administrator** ☐ Change ☒ Addition  
3.2 NAME **Henry Blair, Sr.**  
3.3 STREET ADDRESS **230 E. 1st Street**  
3.4 CITY-ST-ZIP **Jacksonville, FL 32206**

4.1 TITLE **Secretary** ☐ Change ☒ Addition  
4.2 NAME **Grizel Torres**  
4.3 STREET ADDRESS **13630 Capistrano Drive, S.**  
4.4 CITY-ST-ZIP **Jacksonville, FL 32224**

5.1 TITLE **Treasurer** ☐ Change ☒ Addition  
5.2 NAME **Avon Brown**  
5.3 STREET ADDRESS **2430 Egrets Glade Drive**  
5.4 CITY-ST-ZIP **Jacksonville, FL 32224**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Sweeting* PATRICIA SWEETING

3/18/98 904-390-2352

CR2E037 (10/97)