

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 005 ****61.25

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1. Entity Name
WORD OF WISDOM MINISTRIES, INC.



Principal Place of Business
**2430 EGRETS GLADE DRIVE
 JACKSONVILLE, FL 32224**

Mailing Address
**POST OFFICE BOX 551141
 JACKSONVILLE, FL 32255**

2. Principal Place of Business
11037 Castlemain Cir E
 Suite, Apt. #, etc.

3. Mailing Address
Same as above
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
 City: **JACKSONVILLE** State: **FL**

Zip Country
32256 USA

Zip Country
32256 USA

00003014



04292006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
59-3472627

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Mailing Address of Registered Agent

Name **Patricia Sweeting**

Street Address (P.O. Box Number is Not Acceptable)
11037 Castlemain Cir E

City **JACKSONVILLE** State **FL** Zip Code **32256**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEETING, GERALD 2430 EGRETS GLADE DRIVE JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWEETING, PATRICIA 2430 EGRETS GLADE DRIVE JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEA BLAIR, HENRY SR. 230 E. 1ST STREET JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, AVON 2430 EGRETS GLADE DRIVE JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Iesha Sweeting 11037 Castlemain Cir E JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Reginald Brown PO BOX 40985 JACKSONVILLE FL 32203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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: Patricia Sweeting **Patricia Sweeting (VPD)** 4/29/06 904-390-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #