

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90396 038 ****61.25

DOCUMENT # N97000001918 1. Entity Name WORD OF WISDOM MINISTRIES, INC.					
Principal Place of Business 11037 CASTLEMAIN CIR EAST JACKSONVILLE, FL 32256			Mailing Address POST OFFICE BOX 551141 JACKSONVILLE, FL 32255		
2. Principal Place of Business - No P.O. Box # 6280 Autumn Berry Cir		3. Mailing Address Suite, Apt. #, etc.		04062007 Chg-NP CR2E037 (12/06)	
City & State Jacksonville FL		City & State		4. FEI Number 59-3472627	
Zip 32258		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWEETING, PATRICIA 11037 CASTLEMAIN CIR EAST JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	PD SWEETING, IESHA 11037 CASTLEMAIN CIR EAST JACKSONVILLE, FL 32256		<input 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	MD BROWN, REGINALD PO BOX 40985 JACKSONVILLE, FL 32203		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<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: <i>Patricia Sweeting</i>			<i>Patricia Sweeting</i> 4/28/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

904-613-5201