

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 030 ****61.25

DOCUMENT # N97000001918

1. Entity Name
WORD OF WISDOM MINISTRIES, INC.



Principal Place of Business
**6280 AUTUMN BERRY CIRCLE
JACKSONVILLE, FL 32258**

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

60031821



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3472627

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEETING, PATRICIA
11037 CASTLEMAIN CIR EAST
JACKSONVILLE, FL 32256**

Name **Patricia Sweeting**
Street Address (P.O. Box Number is Not Acceptable)
6280 Autumn Berry Circle
City **Jacksonville** FL Zip Code **32258**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD
NAME SWEETING, IESHA ☐ Delete
STREET ADDRESS 11037 CASTLEMAIN CIR EAST
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VPD
NAME SWEETING, PATRICIA ☐ Delete
STREET ADDRESS 2430 EGRETS GLADE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE DEA
NAME BLAIR, HENRY SR. ☐ Delete
STREET ADDRESS 230 E. 1ST STREET
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE T
NAME BROWN, AVON ☐ Delete
STREET ADDRESS 2430 EGRETS GLADE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE MD
NAME BROWN, REGINALD ☐ Delete
STREET ADDRESS PO BOX 40985
CITY-ST-ZIP JACKSONVILLE, FL 32203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME Patricia Sweeting
STREET ADDRESS 6280 Autumn Berry Circle
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Sweeting
Date

4/28/08 904-613-5701
Daytime Phone #