

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002913

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: EVERLASTING WORD OF FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

202 S MAGNOLIA AVE  
SUITE 5  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4343  
OCALA, FL 34478 US

**New Mailing Address:**

FEI Number: 59-3448063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOFTON, RUTH A  
5497 NW 53RD ST  
OCALA, FL 32675

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DTS ( ) Delete  
Name: LOFTON, RUTH A  
Address: 5497 NW 53RD ST  
City-St-Zip: OCALA, FL 32675

Title: DP ( ) Delete  
Name: LOFTON, FREDDIE H  
Address: 5497 NW 53RD ST  
City-St-Zip: OCALA, FL 32675

Title: S ( ) Delete  
Name: LEWIS, MAURICE  
Address: 7625 SW 78TH PL  
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete  
Name: LOFTON, AERIN  
Address: 5497 NW 53 ST  
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete  
Name: MARTIN, MEHERA  
Address: 1900 NW 56TH ST  
City-St-Zip: OCALA, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDDIE H. LOFTON

DP

07/01/2004

Electronic Signature of Signing Officer or Director

Date