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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90070 023 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004783**

1. Corporation Name

**SOULS HARBOR CHURCH OF THE COVENANT, INC.**  
*Word of Faith Church and Ministries, Inc.*

Principal Place of Business

5975 SW 137 AVENUE  
 SUITE 203  
 MIAMI FL 33183

Mailing Address

5975 SW 137 AVENUE  
 SUITE 203  
 MIAMI FL 33183  
 US



2. Principal Place of Business

21 13935 SW 49 Circle Terrace

2a. Mailing Address

26 PO Box 161322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami FL

27 City & State

28 Miami FL

24 Zip

33175

Country

25 USA

29 Zip

33176

Country

30 USA

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

65-0292824

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRINGTON, LUCY-REV.  
 5975 SW 137 AVENUE  
 SUITE 203  
 MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

Jesus M. Ruiz

82 Street Address (P.O. Box Number is Not Acceptable)

13935 SW 49 Circle Terrace

83

84 City

Miami

FL

85 Zip Code

33175

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]*

Jesus M. Ruiz (Deacon)

1/24/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CTO	<input checked="" type="checkbox"/> DELETE
NAME	HARRINGTON, LUCY	
STREET ADDRESS	5975 SW 137 AVENUE, SUITE 203	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	ORLANDO, VICTOR	
STREET ADDRESS	16905 SW 192 STREET	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ABRAHAM, JAMES M	
STREET ADDRESS	10905 SW 80 AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jesus M. Ruiz	
1.3 STREET ADDRESS	13935 SW 49 Circle Terrace	
1.4 CITY-ST-ZIP	Miami, FL 33175	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rodolfo F. Gramcko	
2.3 STREET ADDRESS	10855 SW 112 Ave. Apt 215	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patricia Ruiz	
3.3 STREET ADDRESS	13935 SW 49 Circle Terrace	
3.4 CITY-ST-ZIP	Miami, FL 33175	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 from an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

1/24/99 (305) 554-9031

CR2E037 (11/98)