

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004783

1. Entity Name
WORD OF FAITH MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
12283 SW 129 CT
MIAMI, FL 33186 US

Mailing Address
PO BOX 161322
MIAMI, FL 33116

FILED

04 SEP 30 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172004 No Chg-NP CR2E037 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0292824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHANOR, LESLY E
12283 SW 129 CT
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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 remitting)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHANOR, LESLY 11712 SW 168 TERR MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRAMCKO, RODOLFO F 10855 SW 112TH AVENUE, APT. #215 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHRISTIAN, DAVID E 14267 SW TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CIRON, MARK 12901 SW 17 PL DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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10/04/04--01018--004 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/25/04

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