

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002456

**FILED**  
**Apr 17, 2004**  
**Secretary of State****Entity Name:** WORD OF FAITH CHRISTIAN CENTER, INC.**Current Principal Place of Business:**2370 N.W. 87TH STREET  
MIAMI, FL 33147**New Principal Place of Business:****Current Mailing Address:**2370 N.W. 87TH STREET  
MIAMI, FL 33147**New Mailing Address:****FEI Number:** 65-0808495**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CARTER, COLLIE  
2370 N.W. 87TH STREET  
MIAMI, FL 33147**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:** PD ( ) Delete  
**Name:** CARTER, COLLIE  
**Address:** 2370 NW 87TH ST  
**City-St-Zip:** MIAMI, FL 33147**Title:** TD ( ) Delete  
**Name:** CARTER, TERRY  
**Address:** 262 NW 58TH ST  
**City-St-Zip:** MIAMI, FL 33127**Title:** TSD ( ) Delete  
**Name:** MCGOWIAN, DIANA L  
**Address:** 1741 NW 48TH ST  
**City-St-Zip:** MIAMI, FL 33142**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:**

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: COLLIE CARTER

PD

04/17/2004

Electronic Signature of Signing Officer or Director

Date