

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002456

FILED
Apr 29, 2005
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 US

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date