

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90140 018 \*\*\*\*70.00

**DOCUMENT # N98000003279**

1. Entity Name  
**GOD'S ETERNAL WORD OF FAITH MINISTRIES, INC.**



Principal Place of Business  
**4377 COMMERCIAL WAY  
#227  
SPRING HILL, FL 34606**

Mailing Address  
**4377 COMMERCIAL WAY  
#227  
SPRING HILL, FL 34606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3516371**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASCARELLA, JOHN  
3441 S. PINE AVE. LOT 21  
OCALA, FL 34471**

Name **PASCARELLA, JOHN**

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

**9259 Pickens Street**

City **SPRING HILL**

**FL**

Zip Code **34608**

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 reinstating)

**4/2/06**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **PASCARELLA, LAURA**  
STREET ADDRESS **3441 S. PINE AVE. LOT 21**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **SD** ☒ Change ☐ Addition  
NAME **PASCARELLA, LAURA**  
STREET ADDRESS **4823 Copper Hill Drive**  
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **DB** ☐ Delete  
NAME **SCHENKMAN, ALICIA**  
STREET ADDRESS **2206 ARISTA LANE**  
CITY-ST-ZIP **SPRINGHILL, FL 34609**

TITLE **DB** ☐ Change ☒ Addition  
NAME **MENIFF, ALICIA**  
STREET ADDRESS **6771 Madrona Ave**  
CITY-ST-ZIP **Fort Lewis, WA. 98433**

TITLE **DB** ☒ Delete  
NAME **MARSH, LEE**  
STREET ADDRESS **8762 SE-61ST AVE**  
CITY-ST-ZIP **OCALA, FL 34472**

TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4/2/06**  
Date

**(352)  
398-3019**  
Daytime Phone #