


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3516371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PASCARELLA, JOHN
9259 PICKENS ST
SPRING HILL, FL 34608**

**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 *John Pascarella* (NOTE: Registered Agent signature required when reinstating) DATE 2/7/07

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASCARELLA, LAURA 4823 COPPER HILL DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB SCHENKMAN, ALICIA 2206 ARISTA LANE SPRINGHILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB MCNIFF, ALICIA 6771 MADRONA AVE FT LEWIS, GA 98433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000630426
02/20/07-80006-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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, name or title like empowered.

SIGNATURE: *John Pascarella* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE 2/7/07 DAYTIME PHONE # _____