2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003279

FILED Apr 22, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4377 COMMERCIAL WAY #227 SPRING HILL, FL 34606

Current Mailing Address: New Mailing Address:

4377 COMMERCIAL WAY #227 SPRING HILL, FL 34606

FEI Number: 59-3516371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

PASCARELLA, JOHN
4404 COPPER HILL DR.
SPRING HILL, FL 34609 US

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: 04/22/2008

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

SPRINGHILL, FL 34609

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SPRINGHILL, FL 34609

Title: SD () Delete Title: SD (X) Change () Addition
Name: PASCARELLA, LAURA Name: PASCARELLA, LAURA

 Address:
 4823 COPPER HILL DR
 Address:
 4404 COPPER HILL DR

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34609

Title: DB () Delete Title: DB (X) Change () Addition Name: SCHENKMAN, ALICIA Name: SCHENKMAN, MARTIN Address: 2206 ARISTA LANE 2206 ARISTA LANE

Title: DB () Delete Title: () Change () Addition

 Name:
 MCNIFF, ALICIA
 Name:

 Address:
 6771 MADRONA AVE
 Address:

 City-St-Zip:
 FT LEWIS, GA 98433
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURA PASCARELLA SD 04/22/2008