2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007
Secretary of State

DOCUMENT# N99000004446

Entity Name: EVERLASTING WORD OF FAITH FOUNDATION, INC.

Current Principal Place of Business:

3940 N US HWY 441
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

PO BOX 4343
OCALA, FL 34478

New Mailing Address:

FEI Number: 65-0933710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOFTON, RUTH A
5497 N W 53RD STREET
OCALA, FL 34482 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: DP ( ) Delete
Name: LOFTON, FREDDIE H I
Address: 5497 N W 53RD STREET
City-St-Zip: OCALA, FL 34482

Title: DT ( ) Delete
Name: LOFTON, RUTH A
Address: 5497 N W 53RD STREET
City-St-Zip: OCALA, FL 34482

Title: DS ( ) Delete
Name: AERIN, J
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete
Name: LEWIS, MAURICE
Address: 7625 SW 78TH PL
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: LOFTON, FREDDIE H II
Address: 1900 NW 56TH ST
City-St-Zip: OCALA, FL 34482

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:

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 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: RUTH A. LOFTON DIR 05/31/2007
Electronic Signature of Signing Officer or Director — Date