2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13999

FILED Apr 16, 2009 Secretary of State

Entity Name: WORLD FAITH SOCIETY INC.

Current Principal Place of Business:				New Principal Place of Business:			
PO BOX 560561 ROCKLEDGE, FL 329560561 US				1637 SUE I COCOA, F		US	
Current Mailing Address:				New Mailing Address:			
PO BOX 560561 ROCKLEDGE, FL 329560561 US							
FEI Number: 59-2782461 FEI Number Applied For () FEI Nu			nber Not Appli	icable ()	Certificate of Star	tus Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							Agent:
CASHE, DIANA C REV 1637 SUE DRIVE COCOA, FL 32922 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:							
Electronic Signature of Registered Agent						Date	
OFFICERS AND DIRECTORS: ADD					S/CHANG	ES TO OFFICERS	AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () CASHE', BISHO 1637 SUE DRIV COCOA, FL			Title: Name: Address: City-St-Zip:	D CASHE', BIS 1637 SUE I COCOA, FL		on
Title: Name: Address: City-St-Zip:	D () CASHE', REV. D 1637 SUE DRIV COCOA, FL			Title: Name: Address: City-St-Zip:	D CASHE', RE 1637 SUE I COCOA, FL		on

Title: D Name: Bt

Title:

Name:

Address:

City-St-Zip:

D () Delete BENARD, BOB

() Delete

2845 SOUTH TROPICAL TRAIL

MERRITT ISLAND, FL 32952

Address: 2845 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

BENARD, NANCY

Title: () Change () Addition

() Change () Addition

Name: Address: City-St-Zip:

Title:

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: REV. DIANA C. CASHE RA 04/16/2009