

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006519

**Entity Name:** WORD OF FAITH INTERNATIONAL MINISTRIES INC

**Current Principal Place of Business:**

307 SPRUCEWOOD ROAD  
LAKE MARY, FL 32795

**Current Mailing Address:**

POST OFFICE BOX 952197  
LAKE MARY, FL 32795

**FEI Number: 37-1646440**

**Certificate of Status Desired: No**

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

WALKER, CAROLYN  
315 APPALOOSA CT  
SANFORD, FL 32773 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

**Officer/Director Detail :**

Title            PRES  
Name            WALKER, CAROLYN  
Address        315 APPALOOSA CT  
City-State-Zip: SANFORD FL 32773

Title            D  
Name            RAMIREZ, MANUEL  
Address        573 SULIVAN  
City-State-Zip: DELTONA FL 32725

Title            D  
Name            DOWNS, SHAWN  
Address        309 BRUSH CREEK AVENUE  
City-State-Zip: SANFORD FL 32771

Title            D  
Name            DOWNS, JONNA  
Address        309 BRUSH CREEK AVENUE  
City-State-Zip: SANFORD FL 32771

Title            VP  
Name            CLARK, TWANNIA  
Address        20777 E. MAPLEWOOD LANE  
City-State-Zip: CENTENNIAL CO 80015

*I hereby 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 all other like empowered.*

**SIGNATURE: CAROLYN WALKER**

**PRESIDENT**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date