

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2005
Secretary of State**

DOCUMENT# N04000003693

Entity Name: CONSIDER HIS WORD MINISTRIES INC.

Current Principal Place of Business:

2910 N 64TH AVE.
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 848425
HOLLYWOOD, FL 33084

New Mailing Address:

FEI Number: 20-0991360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, ARLEN J
6700 RALEIGH ST.
HOLLYWOOD, FL 33024 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: D () Delete
Name: PAYNE, ARLEN J
Address: 6700 RALEIGH ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: MIGATZ, RAYMOND
Address: 7396 CLEVELAND ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: SANDERS, MELISSA
Address: 1891 N 61ST AVE #305
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAYNE, ARLEN J
Address: 6700 RALEIGH ST.
City-St-Zip: HOLLYWOOD, FL 33024

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 for the exemption stated in Section 119.07(3)(i), 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: ARLEN PAYNE

PD

03/31/2005

Electronic Signature of Signing Officer or Director

Date