

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# N04000003693

Entity Name: CONSIDER HIS WORD MINISTRIES INC.

Current Principal Place of Business:

34800 NEW TESTAMENT DR
CLEWISTON, FL 33440

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

Title: D () Delete
Name: MIGATZ, RAYMOND
Address: 7490 SE 180 TH AVENUE RD.
City-St-Zip: OCKLAWAHA, FL 32179

Title: D () Delete
Name: SANDERS, MELISSA
Address: PO BOX 191
City-St-Zip: SPRINGFIELD, MO 65807

Title: D () Delete
Name: VAGI, KEVIN
Address: 11731 SW 11TH MANOR
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: VAGI, SARA
Address: 11731 SW 11TH MANOR
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: PAYNE, LANA S
Address: 6700 RALEIGH ST
City-St-Zip: HOLLYWOOD, FL 33024

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: ARLEN PAYNE

Electronic Signature of Signing Officer or Director

P

01/14/2009

Date