

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2011
Secretary of State

Entity Name: CONSIDER HIS WORD MINISTRIES INC.

Current Principal Place of Business:

34800 NEW TESTAMENT DR
CLEWISTON, FL 33440

New Principal Place of Business:

34800 FRANK BILLIE DR.
CLEWISTON, FL 33440

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

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

Title: D
Name: SANDERS, MELISSA
Address: 824 W. WOODRIDGE
City-St-Zip: SPRINGFIELD, MO 65803

Title: D
Name: VAGI, KEVIN
Address: 185 HAUTEUR PL. SW
City-St-Zip: LILBURN, GA 30047

Title: D
Name: VAGI, SARA
Address: 185 HAUTEUR PL. SW
City-St-Zip: LILBURN, GA 30047

Title: D
Name: PAYNE, LANA S
Address: 6700 RALEIGH ST
City-St-Zip: HOLLYWOOD, FL 33024

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: ARLEN J PAYNE

PD

02/03/2011

Electronic Signature of Signing Officer or Director

Date