

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42236 (2)**

1. Corporation Name  
**FAITHFUL WORD MINISTRIES, INC.**



Principal Place of Business <b>236 MAUREEN DR. SUITE 101 SANFORD FL 32771 US</b>	Mailing Address <b>236 MAUREEN DR. SUITE 101 SANFORD FL 32771-9710 US</b>
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3. Date Incorporated or Qualified <b>02/26/1991</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business <b>21 320 E. Commercial St.</b>	2a. Mailing Address <b>26 P.O. Box 999</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Sanford FL</b>	28 City & State <b>Sanford FL</b>
24 Zip <b>32771</b>	25 Country <b>Seminole</b>
29 Zip <b>32772-0999</b>	30 Country <b>Seminole</b>

4. FEI Number <b>59-3054682</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MICHELS, STEVEN A.  
236 MAUREEN DRIVE  
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Steven A. Michels / President 4-24-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHELS, STEVEN A.</b>	1.2 NAME	<b>Sheryl A. Michels</b>
STREET ADDRESS	<b>236 MAUREEN DRIVE</b>	1.3 STREET ADDRESS	<b>236 Maureen Dr.</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	1.4 CITY-ST-ZIP	<b>Sanford, FL 32771</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, C. PATRICK</b>	2.2 NAME	<b>Patricia Mauer</b>
STREET ADDRESS	<b>808 ALFRED</b>	2.3 STREET ADDRESS	<b>675-A Longwood Markham Rd.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Sanford, FL 32771</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDOLPH, REGINALD J.</b>	3.2 NAME	
STREET ADDRESS	<b>412 BOXWOOD CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPGS. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE Steven A. Michels / (Signature) A Michels 4/24/97 (Signature) 4300

CP2E037 (9/96)