


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90389 023 ****70.00

DOCUMENT # N42236
 1. Entity Name
FAITHFUL WORD MINISTRIES, INC.



Principal Place of Business Mailing Address
320 E. COMMERCIAL ST **P.O. BOX 999**
SANFORD FL 32771 **SANFORD FL 32772-0999**
US **US**

14012360



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3054682 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MICHELS, STEVEN A.
1231 TALL PINES DRIVE
OSTEEN FL 32764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS.

TITLE	D	<input type="checkbox"/> Delete
NAME	MICHELS, STEVEN A.	
STREET ADDRESS	1231 TALL PINES DRIVE	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	APONTE, SIXTO JR	
STREET ADDRESS	2150 WEMBLEY PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBOSA, ANTONIO JR	
STREET ADDRESS	520 APPLEWOOD AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHELS, SHERYL A	
STREET ADDRESS	1231 TALL PINES DRIVE	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	Franklin R. Dillman, Jr.	
STREET ADDRESS	457 Palm Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	Zachary C. Michels	
STREET ADDRESS	95 Spring Lake Drive	
CITY-ST-ZIP	DeBary, FL 32713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven A. Michels *President* 02-18-2005 407-321-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #