

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2007
Secretary of State**

DOCUMENT# N42236

Entity Name: FAITHFUL WORD MINISTRIES, INC.

Current Principal Place of Business:

320 E. COMMERCIAL ST
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 999
SANFORD, FL 327720999 US

New Mailing Address:

FEI Number: 59-3054682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELS, STEVEN A.
1231 TALL PINES DRIVE
OSTEEN, FL 32764 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: MEEHAN, JOSEPH
Address: 812 BALLARD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: BARBOSA, ANTONIO JR
Address: 520 APPLEWOOD AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: MICHELS, SHERYL A
Address: 1231 TALL PINES DRIVE
City-St-Zip: OSTEEN, FL 32764

Title: D () Delete
Name: DILLMAN, FRANKLIN R JR
Address: 457 PALM DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: MICHELS, ZACHARY C
Address: 95 SPRING LAKE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: MICHELS, STEVEN A
Address: 1231 TALL PINES DRIVE
City-St-Zip: OSTEEN, FL 32764

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:

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Title: () Change () Addition
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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 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: STEVEN A. MICHELS

PRES

02/15/2007

Electronic Signature of Signing Officer or Director

Date