


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91055 003 ****61.25

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



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

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 **59-3054682** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MICHELS, STEVEN A.
236 MAUREEN DRIVE
SANFORD FL 32771

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

FILE NOW: FEE IS \$61.25

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	236 MAUREEN DRIVE
CITY-ST-ZIP	SANFORD FL
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	236 MAUREEN DRIVE
CITY-ST-ZIP	SANFORD FL 32771
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Signature* 04/12/03

CR2E037 (10/02)