## ... NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98 00000 6981 1. Entity Name

STREET ADDRESS CITY-ST-ZIP

WORD IN ACTION MINISTRY INC.

FILED

02 MAY -8 PM 3: 11

2. Principal Pince of Business  Suite. Apt. L. etc.  ### Apt. L. e		OO NOT WRITE	IN THIS SE	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Applied For	2. Principal Pla	ice of Business	3. Mailing Address	illing Address		M 3 428		
EXPLANDING FL  STANDING FL  STA			4031 Paddlewheel DRIVE		7700			
20 Country 335 / 1 USA 7, Name and Address of Current Registared Agent Norme Feh in About Norme Feh in About Street Address (P.O. Box Number is Riot Acceptable)  109 NOT WRITE  109 N. Armenia. Avenue  City Tampa  Et 20 Code 33 S OP  109 N. Armenia. Avenue  City Tampa  Et 20 Code 33 S OP  109 N. Armenia. Avenue  City Tampa  Et 20 Code 33 S OP  100 NOTE Registared office or registered agent, or both, in the state of Florida.  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.  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.  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.  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.  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.  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.  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.  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.  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.  8. The above named entity submits this statement for the purpose of changing its registered office or registered office or registered agent, or both, in the state			City & State Brandon, FL		4. FEI Number 59-355		Not Applicable	
Surest Address (P.O. Box Number is Not Acceptable)   Surest Address (P.O. Box Number is Not Acceptable)   10.9 N. Armenia. Avenue   City Tamph   FL   25 Code of Tamph   FL	Zip Country		Zip Country		5. Certificate of status desired Fee Required			
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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.  SIGNATURE    Superbure, typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registered agent, or both, in the state of Florida.    NOTE: Registered Agent signature registered agent, or both, in the state of Florida.    Signature:   Superbure: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registered agent, or both, in the state of Florida.    Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registered agent, or both, in the state of Florida.    Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registered agent, or both, in the state of Florida.    Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registered agent, or both, in the state of Florida.     Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registered agent, or both, in the state of Florida.     Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registed when remindating)     Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registed when remindating)     Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registed when remindating)     Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registed when remindating)     Signature: typed or preton name of ingraered agent and table in applicable.   (NOTE: Registered Agent signature registed when remindating)     Signature: typed or preton name of ingraered agent signatu	IN THIS SPACE 109 N. Armenia Avenue							
SIGNATURE    Signature, typed or private name of ingusered agent and the it applicable.   (NOTE Regulated Agent signature required when revealing)   DATE		pro-complete the state of the s	A Section of Contract Con-	City TAMP	A	FL	Zip Code 33609	
FEELS 53125  Initial or Amended UBR  OFFICERS AND DIRECTORS  THE  MARY IN J. NEWBERRY "D"  SIRET ADDRESS  IT STATE  IT IL  I	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.    1. 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.							
10. OFFICERS AND DIRECTORS  TITLE    P   S   D	Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent skyllature required which remains a signature remains a signatu							
INTE NAME  MARYIM J, NEWBERRY "D"  STRET ADDRESS  HO31 Paddlewheel DRIVE  GLENDA J. NEWBERRY "D"  STRET ADDRESS  CITY-ST-IP  HOME  STRET ADDRESS  CITY-ST-IP  TITLE  HOWARD  STRET ADDRESS  CITY-ST-IP  TITLE  TO NOTE  TO NOTE  THE OFFI  T	2.70	the second se	REGIORS		ja Postava tam		Spreed for the second	
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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 on an attachment with an address, with all other like empowered.

MARYIN J. NEWBERRY

Zeel 2

May 2, 2002

To: Division of Corporations

From: Marvin Newberry

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This cover letter is to inform you that previous notices of the Not-For-Profit Corporation
Uniform Business Report (UBR) were not received. I am submitting the UBR along with
The filing fee of \$245.00 plus the additional \$8.75 fee for a Certificate of Status. I am
Also including The Articles of Amendment to change the Corporation Name due to the
Original Corporation Name (Word In Action Ministry Inc.) is no longer available. I have
Included the filing fee for the Articles of Amendment \$35 plus the additional \$8.75 fee for a
Certified copy of the amendment. Thank you very much for your assistance, below is my
Telephone number and return address.

4031 Paddlewheel Drive Brandon, Fl 33511 Work: 813-829-2579

Home: 813-654-4832