2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #*N98@00006981

Entity Name

WORD IN ACTION ANOINTED MINISTRY INC.



Mailing Address

Principal Place of Business 4031 PADDLEWHEEL DRIVE BRANDON, FL 33511

4031 PADDLEWHEEL DRIVE BRANDON, FL 33511

FILED Aug 18, 2004 08:00 AM Secretary of State



CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3557638	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OGUNTEBI, FEHINTOLA 109 N ARMENIA AVE TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

03122003 No Chg-NP

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered age	nt, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typoid or printed name of registered agent and title	ৰ্ণ applicable. (NOTE, Registered	Agent signature	required when re-	hstating) DATE
Filing Fee is \$61.25 Due by September 8, 2004 9. Election Campaign Financ Trust Fund Contribution.			cing 📙	\$5,00 M Added to F	
10.	OFFICERS AND DIREC	CTORS			U000001 70 362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NEWBERRY, MARVIN J 4031 PADDLEWHEEL DR BRANDON, FL 33511				08/18/04-80003-009 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWBERRY, GLENDA J 4031 PADDLEWHEEL DR BRANDON, FL 33511			·······	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D MENCHION, HOWARD J 1208 BARONWOOD PL BRANDON, FL 33510				DO NOT WRITE
title Name Street Address City-St-Zip	D MENCHION, ROSE M 1208 BARONWOOD PL BRANDON, FL 33510				IN THIS SPACE
title name street address city-st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this	filing does not qualify for the exer	motion state	d in Section	19.07(3)(i), Florida Statutes, I further certify that the information egal effect as if made under path, that I am an officer or director

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n). Florida Statutes. I author 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/14/04 Date 813-454-4832

Daytime Phone #