2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NOODOOGQ1

1. Entity Name WORD IN ACTION ANOINTED MINISTRY INC.					04-24-2003 90178 019 ****70.00				
4031 PADDLEWHEEL DRIVE 4031		Mailing Address 4031 PADDLEWHE BRANDON FL 335	31 PADDLEWHEEL DRIVE			·			
		1 - 177 100 - 110					-		
2. Principal Place of Business 3. Ma		3. Mailing Addres	Maling Address						
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			3557638 57638	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Cou	untry	5. Certificate of Stat		\$8.75 Add	ditional	
	6. Name and Address of Curren	t Registered Agent			7. Name and Addre	ss of New Registered			
				Name					
109 N AF	BI, FEHINTOLA RMENIA AVE			Street Address	s (P.O. Box Number is No	t Acceptable)			
tampa f	FL 33609			_					
				City		F	Zip Cod	e	
SIGNATURE Signature, typed or printed name of registered agent and title if applications. FILE NOW: FEE IS, \$61.25			(NOTE: Registere tion Campaign F t Fund Contribut	~ —	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.	OFFICERS AND D	IBECTORS	11.		ADDITIONS/CHANGES	S TO OFFICERS AND D	DIRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NEWBERRY, MARVIN J 4031 PADDLEWHEEL DR BRANDON FL 33511	□ Del	ete TITLI NAM STRE		ADDITIONS/CHANGE	S TO OFFICERS AND L	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWBERRY, GLENDA J 4031 PADDLEWHEEL DR BRANDON FL-33511	□ Del	NAM STRE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCHION, HOWARD J 1208 BARONWOOD PL BRANDON FL 33510	□ Del	NAM STRE	i i			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCHION, ROSE M 1208 BARONWOOD PL BRANDON FL 33510	□ Deł	NAM STRE		_		Change	☐ Addition	
TITLE NAME STREET ADDRESS		□ Del	NAM				Change	Addition	

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 선

FILED Apr 24, 2003 8:00 am § Secretary of State

☐ Change

☐ Addition