


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004754
 1. Entity Name
THE WAY OF THE WORD MINISTRIES, INC.



Principal Place of Business Mailing Address
761 ACORN STREET **1870 HARDEE ST**
JACKSONVILLE, FL 32209 **JACKSONVILLE, FL 32209**



04172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3567076** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HARRIS, JAMES S
11517 BIRCH FOREST CIRCLE E.
JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000127442
 04/23/04 80074 015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURCH, HOMER L 1870 HARDEE ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BURCH, PATRICIA 1870 HARDEE ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRAY, VIVIAN 6031 NORSE DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOLBACK, MARY Y 0525 DONIPHON DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Homer L. Burch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 *904-358-7968*
 Date Daytime Phone #