


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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



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

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04112005 No Chg-NP CR2E037 (10/03)

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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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 reports 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 the empowered.

SIGNATURE: Homer L. Burch - PASTOR 4/13/05 904 982 7742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #