

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004754

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** THE WAY OF THE WORD MINISTRIES, INC.

**Current Principal Place of Business:**

761 ACORN STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

3692 JULIET CIR. SOUTH  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

761 ACORN STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

3692 JULIET CIR. SOUTH  
JACKSONVILLE, FL 32218

**FEI Number:** 59-3567076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARRIS, JAMES S  
11517 BIRCH FOREST CIRCLE E.  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURCH, HOMER L  
Address: 3692 JULIET CIR. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD  
Name: BURCH, PATRICIA  
Address: 3962 JULIET CIR. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD  
Name: YOUNG, SHELTON  
Address: 11247 SAN JOSE BLVD. APT# 719  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD  
Name: HOLBACK, MARY Y  
Address: 0525 DONIPHON DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TSD  
Name: YOUNG, CHELENE  
Address: 11247 SAN JOSE BLVD. APT # 719  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOMER BURCH

PD

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date