

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004754

FILED
Apr 15, 2011
Secretary of State

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

Current Principal Place of Business:

3692 JULIET CIR. SOUTH
JACKSONVILLE, FL 32218

New Principal Place of Business:

1605 HILL STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

3692 JULIET CIR. SOUTH
JACKSONVILLE, FL 32218

New Mailing Address:

1605 HILL STREET
JACKSONVILLE, FL 32202

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, PATRICIA A
Address: 3692 JULIET LEIA CIR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD
Name: YOUNG, SHELTON
Address: 7110 PONCE DE LEON AVE., APT. 8B
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD
Name: YOUNG, CHELENE
Address: 7110 PONCE DE LEON AVE., APT. 8B
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: JACKSON, LISA
Address: 7708 HIGHCHAIR LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: CALVIN, MELISSA
Address: 3825 SPRINGFIELD BLVD.
City-St-Zip: JACKSONVILLE, FL 32206

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: JAMES HARRIS

D

04/15/2011

Electronic Signature of Signing Officer or Director

Date