

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003693

FILED
Mar 16, 2013
Secretary of State
CC0214603681

Entity Name: CONSIDER HIS WORD MINISTRIES INC.

Current Principal Place of Business:

34800 FRANK BILLIE DR.
CLEWISTON, FL 33440

Current Mailing Address:

P.O. BOX 848425
HOLLYWOOD, FL 33084

FEI Number: 20-0991360

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAYNE, ARLEN J
6700 RALEIGH ST.
HOLLYWOOD, FL 33024 US

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

Officer/Director Detail :

Title PD
Name PAYNE, ARLEN J
Address 6700 RALEIGH ST.
City-State-Zip: HOLLYWOOD FL 33024

Title D
Name MIGATZ, RAYMOND
Address 7490 SE 180 TH AVENUE RD.
City-State-Zip: OCKLAWAHA FL 32179

Title D
Name SANDERS, MELISSA
Address 824 W. WOODRIDGE
City-State-Zip: SPRINGFIELD MO 65803

Title D
Name VAGI, KEVIN
Address 185 HAUTEUR PL. SW
City-State-Zip: LILBURN GA 30047

Title D
Name VAGI, SARA
Address 185 HAUTEUR PL. SW
City-State-Zip: LILBURN GA 30047

Title D
Name PAYNE, LANA S
Address 6700 RALEIGH ST
City-State-Zip: HOLLYWOOD FL 33024

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: ARLEN PAYNE

PRESIDENT

03/16/2013

Electronic Signature of Signing Officer/Director Detail

Date