

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003693

**FILED  
Mar 08, 2016  
Secretary of State  
CC0742270408**

**Entity Name:** CONSIDER HIS WORD MINISTRIES INC.

**Current Principal Place of Business:**

34800 FRANK BILLIE DR.  
CLEWISTON, FL 33440

**Current Mailing Address:**

6700 RALEIGH ST.  
HOLLYWOOD, FL 33024 US

**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**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date