## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 832992

## FILED Apr 28, 2003 8:00 am § Secretary of State

WORD AN	ID FAITH, INC.		04-28-2003 90497 006 *****61.25					
Principal Place of Business 1550 ORANGE BLOSSOM TR. PALM BAY FL 32905  2. Principal Place of Business		Mailing Address 1550 ORANGE BLOSSOM TR. PALM BAY FL 32905 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	<del></del>	4. FEI Number 23-7412989 Applie				]
Zip	Country	Zip	Country	5. Certificate of Statu	us Desired	\$8.75 Add	litional	
6. Name and Address of Current Registered Agent			Namo - at	7. Name and Addres		d Agent		
GILBERT,	JACK		Street Address (P.O. Box Number is Not Acceptable)					
	ANGE BLOSSOM TR. Y FL 32905				<u> </u>			
IALIIIDA	11 L 02500		. City		F	Zip Code	9	
	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent		registered office or regis		e State of Florida. Tan		and accept	
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES	TO OFFICERS AND I	DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, JACK 1550 ORANGE BLOSSOM TR. PALM BAY FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRBANKS, JIM 2302 PORT MALABAR BLVD. PALM BAY FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	\ \ 
NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Seet - 440 67/0V8 Fl	In Change of Line	☐ Change	Addition	

Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that in information indicated on this report or supplemental report 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 like empowered.

SIGNATURE: