2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90018 008 ****61.25

DOCUMENT # F00000001634

1. Entity Name
THE HEALING WORD OF GOD, INC.

Principal Place of Business
1600 GOVERNOR'S DRIVE. #1514
PENSACOLA FL 32514

Mailing Address
1600 GOVERNOR'S DRIVE. #1514
PENSACOLA FL 32514

A00001040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 75-2742950 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JEFFRIES, ANN
1600 GOVERNOR'S DRIVE, #1514
PENSACOLA FL 32514

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	☐ Delete
NAME	JEFFRIES, ANN	
STREET ADDRESS	1600 GOVERNOR'S DRIVE, #1514	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VC	☐ Delete
NAME	JONES, PAUL	
STREET ADDRESS	3419 N. BELTLINE ROAD #2018	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	D	☐ Delete
NAME	PRITCHARD, JEAN ANN	
STREET ADDRESS	117 W. 52ND ST.	
CITY-ST-ZIP	N. LITTLE ROCK AR 72118	
TITLE	D	☐ Delete
NAME	NASH, CAROL	
STREET ADDRESS	T-126 LAKE SHORE	
CITY-ST-ZIP	LAKE LOTAWANA MO 64086	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Cynthia Sweeney	☐ Change ☒ Addition
NAME	119 Derby Hills Dr.	
STREET ADDRESS	Derby KS 67037	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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: Ann Jeffries — 1-3-001 — 850-4946916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)