

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F04000007306**

**1. Entity Name  
PREVAILING WORD MINISTRIES, INC.**



**Principal Place of Business  
8300 W. 31ST #312  
ST. LOUIS PARK, MN 55426**

**Mailing Address  
8300 W. 31ST #312  
ST. LOUIS PARK, MN 55426**



02222005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
41-1447534**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HANSEN, VALERIE J  
21 POWDER HILL LANE  
PALM COAST, FL 32164**

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>HANSEN, VALERIE J</b>
<b>STREET ADDRESS</b>	<b>21 POWDER HILL LANE</b>
<b>CITY-ST-ZIP</b>	<b>PALM COAST, FL 32164</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>HANSEN, LARRY A</b>
<b>STREET ADDRESS</b>	<b>21 POWDER HILL LANE</b>
<b>CITY-ST-ZIP</b>	<b>PALM COAST, FL 32164</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>BENOIT, SUE</b>
<b>STREET ADDRESS</b>	<b>8300 W. 31ST #312</b>
<b>CITY-ST-ZIP</b>	<b>ST. LOUIS PARK, MN 55426</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

1100000285655  
04/02/05-80054-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Valerie J. Hansen* - Valerie J. Hansen

**Date**

3/31/05 386-586-4123

**Daytime Phone #**