

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90255 029 \*\*\*\*61.25

<b>DOCUMENT # F04000007306</b>					
<b>1. Entity Name</b> <b>PREVAILING WORD MINISTRIES, INC.</b>					
<b>Principal Place of Business</b> 8300 W. 31ST #312 ST. LOUIS PARK, MN 55426			<b>Mailing Address</b> 8300 W. 31ST #312 ST. LOUIS PARK, MN 55426		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>HANSEN, VALERIE J</b> <b>21 POWDER HILL LANE</b> <b>PALM COAST, FL 32164</b>				Name <u>Hansen, VALERIE J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4 Zenoble Place</u> City <u>PALM COAST</u> <u>FL</u> Zip Code <u>32164</u>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>HANSEN, VALERIE J</b> <b>21 POWDER HILL LANE</b> <b>PALM COAST, FL 32164</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>HANSEN, VALERIE J.</b> <b>4 Zenoble Place</b> <b>PALM COAST, FL 32164</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>HANSEN, LARRY A</b> <b>21 POWDER HILL LANE</b> <b>PALM COAST, FL 32164</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>HANSEN, LARRY A</b> <b>4 Zenoble Place</b> <b>PALM COAST, FL 32164</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>BENOIT, SUE</b> <b>8300 W. 31ST #312</b> <b>ST. LOUIS PARK, MN 55426</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Valerie J. Hansen</u>			<u>1/11/06 386-586-4123</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		