2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000007306

1. Entity Name
PREVAILING WORD MINISTRIES, INC.

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

DO NOT WRITE IN THIS SPACE

01252007 No Chg-NP   CR2E037 (4/06)

4. FEI Number		Applied For
41-1447534		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, VALERIE J
4 ZENOBLE PLACE
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, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000610915 02/02/07-80040-012 61.25

10.   OFFICERS AND DIRECTORS

TITLE	P.
NAME	HANSEN, VALERIE J
STREET ADDRESS	4 ZENOBLE PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	V
NAME	HANSEN, LARRY A
STREET ADDRESS	4 ZENOBLE PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	S
NAME	BENOIT, SUE
STREET ADDRESS	8300 W. 31ST #312
CITY-ST-ZIP	ST. LOUIS PARK, MN 55426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE: _Valerie J Hansen_ 1/26/07 386-586-4123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #