

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007306

FILED
Apr 02, 2009
Secretary of State

Entity Name: PREVAILING WORD MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 41-1447534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, VALERIE J
4 ZENOBLE PLACE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANSEN, VALERIE J
Address: 4 ZENOBLE PLACE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: HANSEN, LARRY A
Address: 4 ZENOBLE PLACE
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: BENOIT, SUE
Address: 8300 W. 31ST #312
City-St-Zip: ST. LOUIS PARK, MN 55426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE J. HANSEN

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date