2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9400004634** 1. Entity Name

abiding '	WORD	MINISTRIES	INCORP	ORATED
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FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90498 016 ****61.25

			1	THE	Į				
Principal Plac	e of Business	Mailing Address			1	2005	אניטוג		
1300 NICOLS 1 EAGAN MN 55		PO BOX 410847 MELBOURNE FL 32941-084 US			70044835				
		7							
2. Principal F	Place of Business	3. Mailing Address PO Box 27	15	,	A DEBANCO DINE HONIA	Billih (Dini (Anii (Anii			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			⊠ c⊦	HECK HERE IF N	MAKING CHAN	GES	
City & Stat	e	City & State	Lings O O		4. FEI Number 41-	1493722			olied For
Zip	Country	CANAL WINCE	==Country	Mar make 13	5. Certificate of Stati	يد در دا سيدي	 ┌┐ · ~~\$8:75		Applicable
		43110	USA		5. Certificate of Stati	us Desired	Fee Re		
	6. Name and Address of Currer	nt Registered Agent			7. Name and Addre	ss of New Regi	stered Agent		
0.00	~ ^~		Name	RVI	V IVERS	EN			
	rt, david r E lake dr		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	RNE FL 32940		74	<u>, 70</u>	7°033010	/ 2/2/	<u> </u>		
WEEDOO	44L 1 L 02040		Cin		,			Cada	
			City	ELBO	OURNE		FL ქ	Code	35
8. The above	named entity submits this statement	for the purpose of changing its	registered office or	registere	ed agent, or both, in th	e State of Florida	a. I am familiar	with, a	ind accept
the obligat	ions of registered agent.								
SIGNATURE	Jam Le	m It	RUN INE	R.S.I=	=N	apr	18,2	00	. 3
SIGNATURE	Signature, typed or printed name of registered age		E: Registered Agent signatu			-4-	DATE		
	7.								
	FILE NOW: FEE IS \$61.25	N	npaign Financing	_	\$5.00 May Be		Check Paya		
•		Trust Fund C	Contribution.		Added to Fees	Florida I	Department	of S	tate
10.	OFFICERS AND D	DIRECTORS	11.	Δ	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO	RS IN	10
TITLE	PC (2)	Delete	TITLE	A-			Chi		Addition
NAME	BARNHART, DAVID R	☐ Delete	NAME	BARA	NHART, DAVI 6380 ROSSMOR	ρŔ.	/43 0///	ungc	
STREET ADDRESS	891 RIDGE LAKE DR	•	STREET ADDRESS		6380 ROSSMOR	IE LN			
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP	CAN	AL WINCHES	TER OH	43110		
TITLE	STD	☐ Delete	TITLE 5	70		-	Cha	ange	Addition
NAME	BARNHART, MARY N		NAME	BAR	NHART, MA	jey N			
STREET ADDRESS CITY-ST-ZIP	891-RIDGE-LAKE DR	and the second second second second	STREET ADDRESS 4 CITY-ST-ZIP	6380	KOSSHORE	CD 0114	311A		l
TITLE	MELBOURNE FL 32940 D		TITLE	CANA	L WINCHESTE	K DH TO	<i>3//0</i> ☐ Cha		Addition
NAME .	GOOD, HERMAN	Li Delete	NAME					arigo	☐ Addition
STREET ADDRESS	104 E. AREBA AVENUE		STREET ADDRESS						
CITY-ST-ZIP	HERSHEY PA 17033		CITY-ST-ZIP						
TITLE	VD	□ Delete	TITLE				Cha	ange	Addition
NAMÉ	Barnhart, Richard e		NAME						
STREET ADDRESS	6300 LONGVIEW RD		STREET ADDRESS						
CITY-ST-ZIP	KANSAS CITY MO 64134		CITY-ST-ZIP			-n			
TITLE NAME		☐ Delete	TITLE Name				☐ Cha	ange	Addition
name Street address			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						}
TITLE		☐ Delete	TITLE	_		•	☐ Chà	nge	☐ Addition
NAME			NAME					-	_
STREET ADDRESS			STREET ADDRESS						ĺ
CITY-ST-ZIP			CITY-ST-ZIP						1

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: