2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004318

1. Entity Name

HIS WORD MINISTRY SINGERS INC.

Principal Place of Business	Mailing Address
12457 HOLEY ROAD TALLAHASSEE FL 32311	12457 HOLEY ROAD TALLAHASSEE FL 32311

2. Principal Place of Business	3. Mailing Address
Same	*Same*
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State

4. FEI Number **59-3655272** — Applied For / Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOELLE, SANDRA 1967 MALLORY SQUARE TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **D** NAME **REICHERT, DAWN** STREET ADDRESS **12457 HOLEY ROAD** CITY-ST-ZIP **TALLAHASSEE FL 32311**	☐ Delete		TITLE *Director* NAME *Dawn Gwaltney* STREET ADDRESS *12457 Holey Road* CITY-ST-ZIP *Tallahassee FL 32317*	☒ Change ☐ Addition
TITLE **D** NAME **QUICK, LUCY** STREET ADDRESS **2922 MICCOUSKEE RD #6** CITY-ST-ZIP **TALLAHASSEE FL 32308**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DST** NAME **KOELLE, SANDRA** STREET ADDRESS **1967 MALLORY SQUARE** CITY-ST-ZIP **TALLAHASSEE FL 32308**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED   3-12-02   800-200-3836

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