

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90013 029 ****61.25

DOCUMENT # N00000004318

1. Entity Name

HIS WORD MINISTRY SINGERS INC.



Principal Place of Business

12457 HOLEY ROAD
TALLAHASSEE FL 32311

Mailing Address

12457 HOLEY ROAD
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3655272

Applied For

Not Applicable

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
3264 EMERSON LN
TALLAHASSEE FL 32317

Name

JACOBS, JEAN

Street Address (P.O. Box Number is Not Acceptable)

3695 CRUMP ROAD

City

TALLAHASSEE

FL

Zip Code

32309

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

Jeann W. Jacobs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GWALTNEY, DAWN
STREET ADDRESS 12457 HOLEY ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☒ Delete
NAME QUICK, LUCY
STREET ADDRESS 2922 MICCOUSKEE RD #6
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DST ☒ Delete
NAME KOELLE, SANDRA
STREET ADDRESS 3264 EMERSON LN
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Change ☐ Addition
NAME JACOBS, JEAN
STREET ADDRESS 3695 CRUMP RD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE DS ☒ Change ☐ Addition
NAME WILL, LILISE
STREET ADDRESS 151 LEWIS ROAD
CITY-ST-ZIP CAIRO, GA 39828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeann W. Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 850-668-9301

Date

Daytime Phone #