2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00000004318

HIS WORD MINISTRY SINGERS INC.



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business 12457 HOLEY ROAD TALLAHASSEE, FL 32317 Mailing Address 12457 HOLEY ROAD TALLAHASSEE, FL 32317



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04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For 59-3655272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

JACOBS, JEAN 3645 CRUMP ROAD TALLAHASSEE, FL 32309

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8. The above the obligat	named entity submits this statement lions of registered agent.	or the purpose of changing its register	ed office or registered agent, or bo	tn, in the State of Fiorida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title il applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
5	Filing Fee is \$61.25 Due by May 1, 2007	9. Etection Campaign Finar Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS				Late of the second seco
TITLE	D			
NAME	GWALTNEY, DAWN			
STREET ADDRESS	12457 HOLEY ROAD			
CITY-ST-ZIP	TALLAHASSEE, FL 32317		■流水类 医动脉管	[14] [14] (14] [14] [14] [14] [14] [14] [14] [14] [

TITLE NAME JACOBS, JEAN STREET ADDRESS 3695 CRUMP ROAD CITY-ST-ZIP TALLAHASSEE, FL 32309 TITLE NAME WILL, LILISE STREET ADDRESS 151 LEWIS ROAD CITY-ST-ZIP CAIRO, GA 39828 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP