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07 MAY -1 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006122

1. Entity Name

WISDOM IN THE WORD MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

200102238892
05/14/07--01010--012 **61.25

2. Principal Place of Business	3. Mailing Address
1110 E. Busch Boulevard	6825 Kingston Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33612 Country	Zip: 33619 Country

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4. FEI Number 59-3633397 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Avenue

City: Miami FL Zip Code 33145

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: ________ DATE

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

FEE IS $61.25 Initial or Amended UBR

6. 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	PD
NAME	Johnson, Cecelia D.
STREET ADDRESS / CITY-ST-ZIP	6825 Kingston Drive, Tampa, Florida 33619
TITLE	TD
NAME	Jackson, Deborah
STREET ADDRESS / CITY-ST-ZIP	6825 Kingston Drive, Tampa, Florida 33619
TITLE	SD
NAME	Sullivan, Rose M.
STREET ADDRESS / CITY-ST-ZIP	6825 Kingston Drive, Tampa, Florida 33619

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Cecelia D. Johnson, President April 16, 2007

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