

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005212

1. Entity Name

IN HIS WORD MINISTRY CHURCH, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90056 047 ****61.25

0068632

Principal Place of Business
RT 2 BOX 2167 1/2
STARKE FL 32093

Mailing Address
RT 2 BOX 2167 1/2
STARKE FL 32093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAUDILL, BERLIE
RT 2 BOX 2167 1/2
STARKE FL 32093

7. Name and Address of New Registered Agent
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: *Berlie Caudill*
Signature, typed or printed name of registered agent and title if applicable.

Berlie Caudill
(NOTE: Registered Agent signature required when reinstating)

04/09/02
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAUDILL, BERLIE	
STREET ADDRESS	RT 2 BOX 2167 1/2	
CITY-ST-ZIP	STARKE FL 32093	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIXON, DICK	
STREET ADDRESS	P O BOX 152	
CITY-ST-ZIP	LAWLEY FL 32058	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, GARRY E	
STREET ADDRESS	2901 NW CR 125	
CITY-ST-ZIP	LAWLEY FL 32058	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, EMORY	
STREET ADDRESS	3168 NW CR 125	
CITY-ST-ZIP	LAWLEY FL 32058	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, GEORGE W	
STREET ADDRESS	660 SW FIELD AVE	
CITY-ST-ZIP	KEY STONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ART DAVIS	
STREET ADDRESS	RT 2 BOX 2167 1/2	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Berlie Caudill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02 904 964-6778
Daytime Phone #

CR2E037 (9/01)