

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

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

09-15-2004 90002 039 \*\*\*\*61.25

**DOCUMENT # N01000005212**

1. Entity Name

IN HIS WORD MINISTRY CHURCH, INC.



Principal Place of Business

RT 2 BOX 2167 1/2  
STARKE FL 32093

Mailing Address

RT 2 BOX 2167 1/2  
STARKE FL 32093

2. Principal Place of Business

6551 Y2 NW CR 225  
Suite, Apt. #, etc.

3. Mailing Address

6551 Y2 NW CR 225  
Suite, Apt. #, etc.



MOORE

CR2E037 (4/04)

City & State

Starke, FL

City & State

Starke, FL

4. FEI Number

NO-T APPLICABLE

Applied For  
Not Applicable

Zip

32091

Country

USA

Zip

32091

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 8, 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 PD  
NAME CAUDILL, BERLIE  
STREET ADDRESS RT 2 BOX 2167 1/2  
CITY-ST-ZIP STARKE FL 32093 ☐ Delete

TITLE T  
NAME NAVARRO, LOUIS  
STREET ADDRESS RT. 2, BOX 513A  
CITY-ST-ZIP WORTHINGTON SPRINGS FL ☒ Delete

TITLE T  
NAME NORMAN, BOB  
STREET ADDRESS P.O. BOX 279  
CITY-ST-ZIP LAWTEY FL 32058 ☐ Delete

TITLE T  
NAME DAVIS, ART  
STREET ADDRESS RT 2 BOX 2167 1/2  
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

7/28/04

Date

904 964-6778

Daytime Phone #