

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-21-2003 90123 032 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**CAUDILL, BERLIE
RT 2 BOX 2167 1/2
STARKE FL 32093**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DIXON, DICK
P O BOX 152
LAWLEY FL 32058** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANSON, GARRY E
2901 NW CR 125
LAWLEY FL 32058** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, GEORGE W
660 SW FIELD AVE
KEY STONE HEIGHTS FL 32656** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Louis Navarro
RT. 2 Box 513A
Worthington, Springs, FL.** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Bob Norman
PO Box 279
Lawley, FL. 32058** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ART DAVIS
RT. 2 Box 2167 1/2
STARKE, FL. 32091** ☐ 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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 904 964-9668

Date

Daytime Phone #

CR2E037 (10/02)