2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000008306

Entity Name: SPEAK THE WORD EVANGELISTIC OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

11645 BEACH BLVD
204
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11645 BEACH BLVD
204
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3701197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNARD, FELICIA A
2509 WHITE HORSE RD., E.
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, MILLIE J MRS
Address: 2509 WHITE HORSE RD., E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD ( ) Delete
Name: BERNARD, FELICIA A MRS.
Address: 2509 WHITE HORSE RD., E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete
Name: SMITH, DASHA MRS.
Address: 3544 ST. JOHNS BLUFF RD., S.
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD ( ) Delete
Name: PLAZZ, GERALD MR.
Address: 3544 ST. JOHNS BLUFF RD., S.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA A BERNARD VD 04/30/2009

Electronic Signature of Signing Officer or Director — Date