

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007007

FILED
Apr 15, 2005
Secretary of State

Entity Name: THE HEALING WORD MINISTRIES, INC.

Current Principal Place of Business:

408 BEAR ROAD
FT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

408 BEAR ROAD
FT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-2076152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ELLIS, MICHAEL P REV
408 BEAR ROAD
FT WALTON BEACH, FL 32547 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: C () Delete
Name: ELLIS, MICHAEL P REV
Address: 408 BEAR ROAD
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: CFO () Delete
Name: HOOKS, WALTER
Address: 2000 N. MERIDIAN ROAD, APT 267
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: S () Delete
Name: MOSLEY, NANCY J
Address: 506 CYPRESS ST.
City-St-Zip: MARY ESTHER, FL 32569 US

Title: DIR () Delete
Name: HOOKS, WALTER MR.
Address: 2000 N. MERIDIAN ROAD, APT 267
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: DIR () Delete
Name: MOSLEY, NANCY J MRS.
Address: 506 CYPRESS ST.
City-St-Zip: MARY ESTHER, FL 32569 US

Title: DIR () Delete
Name: ELLIS, MICHAEL P REV.
Address: 408 BEAR ROAD
City-St-Zip: FT. WALTON BEACH, FL 32547 US

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:

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 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 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: REV. MICHAEL P. ELLIS

DIR

04/15/2005

Electronic Signature of Signing Officer or Director

Date