

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007007

FILED
Apr 09, 2003
Secretary of State

Entity Name: THE HEALING WORD MINISTRIES, INC.

Current Principal Place of Business:

778C NAVY ST
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

778C NAVY ST
FT WALTON BEACH, FL 32547

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
778C NAVY ST
FT WALTON BEACH, FL 32547

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: 778C NAVY ST
City-St-Zip: FT WALTON BEACH, FL 32547

Title: CFO () Delete
Name: HOOKS, WALTER
Address: 7360 GORDON EVANS RD
City-St-Zip: NAVARRE, FL 32566

Title: S () Delete
Name: MOSLEY, NANCY J
Address: 647 PORPOISE DR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: DIR () Change (X) Addition
Name: HOOKS, WALTER MR.
Address: 7360 GORDON EVANS ROAD
City-St-Zip: NAVARRE, FL 32566

Title: DIR () Change (X) Addition
Name: MOSLEY, NANCY J MRS.
Address: 647 PORPOISE DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: DIR () Change (X) Addition
Name: ELLIS, MICHAEL P REV.
Address: 778C NAVY STREET
City-St-Zip: FT. WALTON BEACH, FL 32547

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: MICHAEL P. ELLIS

C

04/09/2003

Electronic Signature of Signing Officer or Director

Date