2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N02000007033

Entity Name: IN LINE WITH THE WORD MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 3554
TALLAHASSEE, FL 32315

New Principal Place of Business:

2536 JEFFERSON ROAD S.
TALLAHASSEE, FL 32317

Current Mailing Address:

P.O. BOX 3554
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 33-1021794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARAMORE, LINDA G
2727 LAKE MUNSON STREET
TALLAHASSEE, FL 32310 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: PDTS ( ) Delete
Name: WILLIAMS, GAIL
Address: P.O. BOX
City-St-Zip: TALLAHASSEE, FL 32315

Title: VPD ( ) Delete
Name: WILLIAMS, L.C.
Address: P.O. BOX 3554
City-St-Zip: TALLAHASSEE, FL 32315

Title: AVPD ( ) Delete
Name: CASSIDY, LATONYA D
Address: P.O. BOX 3554
City-St-Zip: TALLAHASSEE, FL 32315

Title: AVPD ( ) Delete
Name: CASSIDY, STANLEY III
Address: P.O. BOX 3554
City-St-Zip: TALLAHASSEE, FL 32315

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 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: GAIL WILLIAMS PDTS 04/24/2007

Electronic Signature of Signing Officer or Director — Date