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

DOGUMENT # N0200007033

1. Entity Name

IN LINE WITH THE WORD MINISTRIES, INC.



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90073 019 ****61.25

			•				11/3						
Principal Place of Business 2536 JEFFERSON ROAD TALLAHASSEE FL 32317			Mailing Address 2536 JEFFERSON ROAD TALLAHASSEE FL 32317					·					
2. Principal I	Place of Busine	ss	3Ma	illing Address	.181	75	~ X						
Suite, Apt. #, etc.			P. D. Box 180 758 Suite, Apt. #, etc.				<u> </u>	CHECK HERE IF MAKING CHANGES					
City & Star	te		C	ity & State a Wah a S S	504	7	<u> </u>	4. FEI Number 33-102	1294		pplied For]	
Zip		Country	Z	2 218		intry LLS	<u>.</u>	5. Certificate of St	•	\$8.75 Ad		1	
6. Name and Address of Current Regi				ed Agent		1231	7	7. Name and Add	ress of New Regi			-	
o. name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
Paramore, Linda G 2727 Lake Munson Street						Street Address (P.O. Box Number is Not Acceptable)							
	SSEE FL 323												
						City		,		FL Zip Coo	de		
	e named entity : itions of register	submits this statement for ed agent.	r the purp	oose of changing its	register	ed office or	r register	ed agent, or both, in	the State of Florida	a. I am familiar with	, and accept]	
SIGNATURE	Stanatura binad or	printed name of registered agent a	and title if an	plicable (NOTE	- Clasiatoro	d Agent signet	ura raquirad	when reinstating)		DATE			
	Signature, typed or	printed name of registered agent a	ano une n'api	pricable. (NOTE	: negistere	o Agent signat	ure required	when reinstating)		OATE		_	
FILE NOW: FEE IS \$61.25				9. Election Campaign Fi Trust Fund Contribution				\$5.00 May Be Added to Fees		Check Payable Department of			
10.		OFFICERS AND DIF	ECTORS	<u> </u>	11.			ADDITIONS/CHANG	L ES TO OFFICERS :	AND DIRECTORS II	V 10	┨	
TITLE	Ţ			☐ Delete	TITL		Po.	es Dir Tr	easurer	☐ Change	Addition	18	
NAME					NAM		Ga	il William 36 Seffer	ns poor		·	13	
STREET ADDRESS		•				ET ADDRESS	25	36 Jeffer	SON ROAD			15	
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NAME STREET ADDRESS					NAM	E Et address	4	atonya D.	ecson Pr	(AC)			
CITY-ST-ZIP	:					-ST-ZIP	37	Fallahosse	e. 71.	32317			
TITLE -	:			☐ Delete	TITLE		<u> </u>	1657 V.P.	- DIR.	☐ Change	Addition	1	
NAME					NAM	E	S	tanley Ca 536 Je	ssidy III	2.20			
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE: