

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

112
0004765

DOCUMENT # N02000009953

1. Entity Name

IN HIS WORD MINISTRIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 11:03

Principal Place of Business

Mailing Address

6250 EDGEWATER DR
ORLANDO FL 32810

6250 EDGEWATER DR
ORLANDO FL 32810

Please Change
P.O. Box 608505
Orlando, FL 32860-8505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL 3

Zip

Country

Zip

Country

32860-8505

REINSTATEMENT

03

4. FEI Number

000161646191

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, REV DR SHEILA
2256 WEKIVA VILLAGE LN
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, REV DR SHEILA	
STREET ADDRESS	2256 WEKIVA VILLAGE LN	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, REV LEE A	
STREET ADDRESS	2256 WEKIVA VILLAGE LN	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, REV DR MARGE A	
STREET ADDRESS	6563 LONG BREEZE RD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600024054096	
CITY-ST-ZIP	10/23/03--01076--009 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 20, 2003 321-303-92
(407) 292-9922

CR2E037 (4/03)

2/2

IN HIS WORD MINISTRIES, INC.

P.O. Box 608505

Orlando, FL 32860-8505

October 21, 2003

Re: **LOST UBR (Uniform Business Report)**

REQUEST FOR REINSTATEMENT

N02000009953

Dear Sirs:

The Uniform Business Report for our church was sent to our street address and was mishandled by another occupant of the complex. This caused a delay in having it completed and returned to you in a timely manner. We received the form on Friday, October 18, 2003.

Attached is the completed UBR form with the mailing *address change* and a check for the filing fee. I called your office at 850-245-6059 and was told that there was no additional fee required.

We regret that this has happened and request reinstatement as well as further assistance from your office (if necessary) regarding this matter. Thank you very much.

Sincerely,



Rev. Dr. Sheila Walker

Registered Agent

(321-303-9396)