


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV - 16 PM 12:44

DOCUMENT # N03000001076 1. Entity Name WORD A FLAME MINISTRIES, INC.					
Principal Place of Business 571 NW 49TH AVENUE PLANTATION, FL 33317			Mailing Address 7161 PEMBROKE RD #2 PEMBROKE PINES, FL 33023		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS, LAURNA 7161 PEMBROKE RD #260D PEMBROKE PINES, FL 33023				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 _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, JOE L		NAME	600041582616	
STREET ADDRESS	571 NW 49TH AVENUE		STREET ADDRESS	10/04/04--01078--011 **61.25	
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATSON, CARRIE		NAME		
STREET ADDRESS	4821 NW 1ST ST		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERMAN, ELISEE		NAME		
STREET ADDRESS	2641 NW 8TH PL BLDG #1		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERRER, PATRICIA		NAME		
STREET ADDRESS	520 MARTINELLI AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MINOTOLA, NJ 08341		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRAE, BRUCE S		NAME		
STREET ADDRESS	205 MUCLIO DR.		STREET ADDRESS		
CITY-ST-ZIP	MINOTOLA, NJ 08341		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			9/29/04 954 9898122		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

officer - Joe Edwards

Joe Edwards, Pres. (84-302298)
11/16/00