
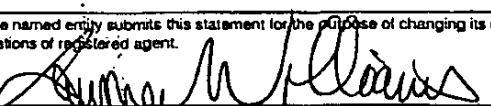
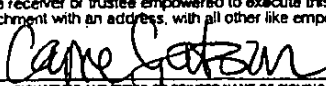


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/12/2005-90003-006-\$61.25-\$61.25

page 1 of 2

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	4. FEI Number APPLIED FOR 05-1075324	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, LAURNA 7161 PEMBROKE RD #2 PEMBROKE PINES, FL 33023				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O.-Box Number is Not Acceptable)				Street Address (P.O.-Box Number is Not Acceptable)	
City				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  DATE 8/28/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by September 7, 2005			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					
TITLE	PTD	<input type="checkbox"/> Delete			
NAME	EDWARDS, JOE L				
STREET ADDRESS	571 NW 49TH AVENUE				
CITY-ST-ZIP	PLANTATION, FL 33317				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	GATSON, CARRIE				
STREET ADDRESS	4821 NW 1ST ST				
CITY-ST-ZIP	PLANTATION, FL 33317				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	GERMAN, ELISEE				
STREET ADDRESS	2641 NW 8TH PL BLDG #1				
CITY-ST-ZIP	FT LAUDERDALE, FL 33311				
TITLE	D	<input type="checkbox"/> Delete			
NAME	SHERRER, PATRICIA				
STREET ADDRESS	520 MARTINELLI AVENUE				
CITY-ST-ZIP	MINOTOLA, NJ 08341				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MCCRAE, BRUCE S				
STREET ADDRESS	205 MUCLIO DR.				
CITY-ST-ZIP	MINOTOLA, NJ 08341				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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:  : Carrie Gatson 9/1/05 (954) 9898122					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



09062005 Chg-NP CR2E037 (10/03)

4. FEI Number APPLIED FOR 05-1075324

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O.-Box Number is Not Acceptable)
City FL Zip Code

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

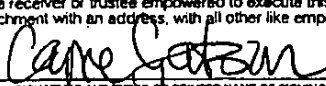
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  : Carrie Gatson 9/1/05 (954) 9898122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 20, 2005

WORD A FLAME MINISTRIES, INC.
7161 PEMBROKE RD #2
PEMBROKE PINES, FL 33023

Subject: WORD A FLAME MINISTRIES, INC.

Reference Number: N03000001076

Elm #
65-1075324

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MS
ANNUAL REPORTS SECTION

Sorry papers mis placed
after Hurricane Wilma
Center
Thank you