

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 REIN-NP CR2E099 (1/07)

4. FEI Number
65-1075324

Applied For
Not Applicable

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

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

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

Laurna Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME EDWARDS, JOE L
STREET ADDRESS 571 NW 49TH AVENUE
CITY-ST-ZIP PLANTATION, FL 33317

TITLE VD ☐ Delete
NAME GATSON, CARRIE
STREET ADDRESS 4821 NW 1ST ST
CITY-ST-ZIP PLANTATION, FL 33317

TITLE SD ☐ Delete
NAME GERMAN, ELISEE
STREET ADDRESS 2641 NW 8TH PL BLDG #1
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE D ☐ Delete
NAME SHERRER, PATRICIA
STREET ADDRESS 520 MARTINELLI AVENUE
CITY-ST-ZIP MINOTOLA, NJ 08341

TITLE D ☐ Delete
NAME MCCRAE, BRUCE S
STREET ADDRESS 205 MUCLIO DR.
CITY-ST-ZIP MINOTOLA, NJ 08341

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 600095883066
STREET ADDRESS 04/05/07--01029--009 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600095883066
STREET ADDRESS 04/05/07--01029--009 **62.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joe Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

(954)530-2298

Daytime Phone #

FILED

07 MAR 22 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

