2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# N03000007782

Entity Name: GUIDING WORD MINISTRIES, INC.

Current Principal Place of Business:

584 N WICKHAM ROAD
SUITE 84
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

584 N WICKHAM ROAD
SUITE 84
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 20-0237233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEARS, MARK A
9301 SW 101 AVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROLLINS, WALLACE E
Address: 584 N WICKHAM ROAD, SUITE 84
City-St-Zip: MELBOURNE, FL 32935 US

Title: DVP ( ) Delete
Name: ROLLINS, CHRISTOPHER E
Address: 584 N. WICKHAM RD, SUITE 84
City-St-Zip: MELBOURNE, FL 32935 US

Title: DST ( ) Delete
Name: SEARS, MARK A
Address: 9301 SW 101 AVE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D ( ) Delete
Name: HERDENER, TAMMY A
Address: 2558 B HESTER AVE
City-St-Zip: PALM BAY, FL 32909 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. SEARS S 04/22/2004

Electronic Signature of Signing Officer or Director — Date