

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 29, 2004
Secretary of State**

DOCUMENT# N03000008489

Entity Name: WORD FROM HEAVEN MINSTRIES, INC.

Current Principal Place of Business:

3574 LENCZYK DRIVE W
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 350435
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 03-0528997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIRK, SALLIE
3574 LENCZYK DR W
JACKSONVILLE, FL 32277 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: TP () Delete
Name: KIRK, SALLIE
Address: 3574 LENCZYK DRIVE W
City-St-Zip: JACKSONVILLE, FL 32277

Title: ST () Delete
Name: TUCKER, MERITA
Address: 11444 JOHN DORY WAYW
City-St-Zip: JACKSONVILLE, FL 32223

Title: TT () Delete
Name: HART, BERNADETTE
Address: 1706 ART MUSEUM DR #I-16
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: J IMMY, K IRK
Address: 3574 LENCZYK DRIVE W
City-St-Zip: JACKSONVILLE, FL 32277

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: SALLIE KIRK

TP

01/29/2004

Electronic Signature of Signing Officer or Director

_____ Date