

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


05-03-2006 90205 032 \*\*\*\*73.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
40080943

DOCUMENT # N05000011313			
1. Entity Name IN THE WORD MINISTRIES INC.			
Principal Place of Business 605 S. 12TH ST. FT. PIERCE, FL		Mailing Address 504 N. 24TH ST. FT. PIERCE, FL	
2. Principal Place of Business 504 N. 24TH ST. Suite, Apt. #, etc.		3. Mailing Address 601 Ave B. Suite, Apt. #, etc. 201	
City & State Fort Pierce, FL 34950		City & State Fort Pierce, FL	
Zip 34950		Country St. Luice	
4. Name and Address of Current Registered Agent TAYLOR, JAMES H 601 AVE. "B" #201 FT. PIERCE, FL 34950		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent		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		FL	
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NETTLES, CHRISTEEN 605 S. 12TH ST. FT. PIERCE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BLACK, EARNESTINE 605 S. 12TH ST. FT. PIERCE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pastor James H. Taylor Jr. 601 Ave B, Apt 201 Fort Pierce, FL 34950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Pastor James H. Taylor Jr.		04-24-06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	