2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012052

1. Entity Name
WORD IN POWER OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
5888 NW US HWY 41	PO BOX 3128
LAKE CITY, FL 32055	LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE

03242008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
83-0440735	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, GLORIA
688 SW CR 242-A
LAKE CITY, FL 32055

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000873594 04/10/08-80086-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JORDAN, DAVID LEE SR
STREET ADDRESS	PO BOX 3218
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	VD
NAME	JORDAN, GLORIA
STREET ADDRESS	PO BOX 3218
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	SD
NAME	INGRAHAM, CARLOS J
STREET ADDRESS	220 S RIDGEWOOD DR LOT 49
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	INGRAHAM, HAROLD H
STREET ADDRESS	220 S RIDGEWOOD DR LOT 49
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Gloria Jordan*   GLORIA L. JORDAN   3-27-08   755-6076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #