

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006507

FILED
Mar 20, 2009
Secretary of State

Entity Name: REFLECTIVE WORD MINISTRIES, INC

Current Principal Place of Business:

185 NOAH LN
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 38266
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 26-2013700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETT, URSULA R
185 NOAH LN
QUINCY, FL 32351 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: DP () Delete
Name: LETT, URSULA R
Address: 185 NOAH LN
City-St-Zip: QUINCY, FL 32351 US

Title: D () Delete
Name: ANDERSON, LAQUETTA
Address: 5260 NW LOVETT RD
City-St-Zip: GREENVILLE, FL 32331 US

Title: D () Delete
Name: MANION, BUFORD M JR
Address: 502 MCKEITHEN ST #4A
City-St-Zip: TALLAHASSEE, FL 32304 FL

Title: DT () Delete
Name: ROBINSON, DEBORAH L
Address: 2984 NUTMEG CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DAVIS, RAVEN A
Address: 2308 LARUE CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: STRINGER, LINDA
Address: 500 SANDPINE DR
City-St-Zip: MIDWAY, FL 32343

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
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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 exemption stated 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 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: DEBORAH L. ROBINSON

DT

03/20/2009

Electronic Signature of Signing Officer or Director

Date