

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07953 (5)

1. Corporation Name

MINISTRY OF THE WORD INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

% ROBERT EUGENE LEWIS
3227 FAIR OAKS AVE
TAMPA FL 33611

% ROBERT EUGENE LEWIS
3227 FAIR OAKS AVE
TAMPA FL 33611

3. Date Incorporated or Qualified 03/05/1985	3a. Date of Last Report 03/01/1995
4. FEI Number 59-2505964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, ROBERT EUGENE
3227 FAIR OAKS AVE
TAMPA FL 33611**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, ROBERT EUGENE	
STREET ADDRESS	3227 FAIR OAKS AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEWIS, CHARLOTTE R.	
STREET ADDRESS	3227 FAIR OAKS AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEWIS, BRYCE ARTHUR	
STREET ADDRESS	3726 WOODROW AVENUE	
CITY - ST - ZIP	HARRISBURG PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LLANES, MANUEL	
STREET ADDRESS	7615 ABONADO ROAD	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBONS, PAT	
STREET ADDRESS	815 WEST OHIO AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2726 WOODROW AVENUE
3.4 CITY - ST - ZIP	HARRISBURG, PA. 17112-9545
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Eugene Lewis
ROBERT EUGENE LEWIS, PRESIDENT

3/5/96

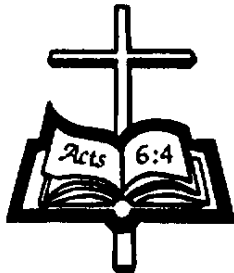
Date

813-839-5016

Daytime Phone #

CR2E037 (12/95)

NO7953 .
**Ministry of the Word
International Inc.**



Hebrews 13:8
Jesus Christ, The
same yesterday, and
today and forever

Mailing Address
3227 Fair Oaks Ave.
Tampa, FL 33611
(813) 839-5016

CONTINUED LIST OF OFFICERS
AND DIRECTORS FOR MINISTRY
OF THE WORD INTERNATIONAL, INC.

CHANGE IN ADDRESSES

D
GIBBONS, PERRY
815 WEST OHIO AVENUE
TAMPA, FLORIDA 33603-5433

D
GOLDSMITH, DEAN
~~3305 VASCONIA~~
~~TAMPA, FLORIDA 33629-8034~~

D
GOLDSMITH, MARIAN
~~3305 VASCONIA~~
~~TAMPA, FLORIDA 33629-8034~~

D
CALVERT, MELBA
5404 S. HIMES AVENUE
TAMPA, FLORIDA 33611-4213

D
GOLDSMITH, DEAN
FREEDOM PLAZA, #121
1010 AMERICAN EAGLE BLVD.
SUN CITY CENTER, FL 33573-5281

D
GOLDSMITH, MARIAN
FREEDOM PLAZA, #121
1010 AMERICAN EAGLE BLVD.
SUN CITY CENTER, FL 33573-5281