

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50685

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: PROCLAIMING HIS WORD, INC.

**Current Principal Place of Business:**

2849 LAUREL PARK HIGHWAY  
HENDERSONVILLE, NC 28739 US

**New Principal Place of Business:**

**Current Mailing Address:**

2849 LAUREL PARK HIGHWAY  
HENDERSONVILLE, NC 28739 US

**New Mailing Address:**

FEI Number: 59-3141691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KYLSTRA, CHESTER D  
2766 BAY GROVE ROAD  
FREEPORT, FL 32439 US

**Name and Address of New Registered Agent:**

HEDMAN, SUSAN  
174 SHORT AVENUE  
FREEPORT, FL 32439 US

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: SUSAN HEDMAN

04/03/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: KYLSTRA, CHESTER D  
Address: 2766 BAY GROVE ROAD  
City-St-Zip: FREEPORT, FL 32439

Title: VD ( ) Delete  
Name: KYLSTRA, BETSY S  
Address: 2766 BAY GROVE ROAD  
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete  
Name: ROEDER, DAVID  
Address: 2447 EAST COUNTY ROAD 250 S  
City-St-Zip: VERSAILLES, IN 47042

Title: D ( ) Delete  
Name: ROEDER, LINDA  
Address: 2447 EAST COUNTY ROAD 250 S  
City-St-Zip: VERSAILLES, IN 47042

Title: D ( ) Delete  
Name: KINDLER, JOHN  
Address: 325 KOPE CON POINTE  
City-St-Zip: COLDWATER, MI 49036

Title: D ( ) Delete  
Name: KINDLER, LESLIE  
Address: 325 KOPE CON POINTE  
City-St-Zip: COLDWATER, MI 49036

**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  
Name:  
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 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: CHESTER KYLSTRA

P

04/03/2007

Electronic Signature of Signing Officer or Director

Date