

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90118 001 ***306.25

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1. Entity Name
SPOKEN WORD MINISTRIES INC.



Principal Place of Business
**1445 STEELE ST
JACKSONVILLE, FL 32206 US**

Mailing Address
**PO BOX 40278
JACKSONVILLE, FL 32203-0278**

66010505



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3231674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, KIMBERLY
9197 CAMSHIRE DRIVE
JACKSONVILLE, FL 32244**

Name **Daniels, Kimberly**
Street Address (P.O. Box Number is Not Acceptable)

450 Busch Dr.

City **Jax**

FL

Zip Code

32218

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DANIELS, KIMBERLY**
STREET ADDRESS **9197 CAMSHIRE DR.**
CITY- ST- ZIP **JACKSONVILLE, FL 32244**

TITLE **T** ☒ Delete
NAME **GAINES, ALPHA**
STREET ADDRESS **55 E 19TH ST**
CITY- ST- ZIP **JACKSONVILLE, FL 32206**

TITLE **S** ☒ Delete
NAME **PEARCE, NICOLE**
STREET ADDRESS **8130 BAY MEADOWS WAY WEST APT200**
CITY- ST- ZIP **JACKSONVILLE, FL 32256**

TITLE **V** ☐ Delete
NAME **DANIELS, ARDELL**
STREET ADDRESS **9197 CAMSHIRE DR**
CITY- ST- ZIP **JACKSONVILLE, FL 32244**

TITLE **T** ☐ Delete
NAME **JENNINGS, MICHAEL**
STREET ADDRESS **1628 N MYRTLE AVE**
CITY- ST- ZIP **JACKSONVILLE, FL 32209**

TITLE **D** ☒ Delete
NAME **SULLIVAN, ALISHA**
STREET ADDRESS **1049 LOBSTER LANE**
CITY- ST- ZIP **JACKSONVILLE, FL 32218**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Martha Park**
CITY- ST- ZIP **500 Kenwood Street Jax, FL 32259**

TITLE ☐ Change ☐ Addition
NAME **Trustee**
STREET ADDRESS **Kim Flowers**
CITY- ST- ZIP **9480 South Eastern Ave Suite 233**

TITLE ☐ Change ☒ Addition
NAME **Las Vegas, Nevada**
STREET ADDRESS **89123**
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Sanji Easton**
CITY- ST- ZIP **1872 Hawkins Cove Dr. W. Jax, FL 32246**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #