

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000252

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: SPOKEN WORD MINISTRIES INC.

## Current Principal Place of Business:

1445 STEELE ST  
JACKSONVILLE, FL 32206 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 40278  
JACKSONVILLE, FL 322030278

## New Mailing Address:

PO BOX 28007  
JACKSONVILLE, FL 32226

FEI Number: 59-3231674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANIELS, KIMBERLY  
450 BUSCH DR.  
JACKSONVILLE, FL 32218 US

## Name and Address of New Registered Agent:

DANIELS, KIMBERLY  
450 BUSCH DR. SUITE 3  
JACKSONVILLE, FL 32218 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:

04/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: DANIELS, KIMBERLY  
Address: 9197 CAMSHIRE DR.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S ( ) Delete  
Name: PARK, MARTHA  
Address: 500 WOOD STREET  
City-St-Zip: JACKSONVILLE, FL 32259

Title: T ( ) Delete  
Name: FLAWERS, KIM  
Address: 9480 SOUTH EASTERN AVE SUITE 233  
City-St-Zip: LAS VEGAS, NV 89123

Title: V ( ) Delete  
Name: DANIELS, ARDELL  
Address: 9197 CAMSHIRE DR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete  
Name: ESTON, SONJI  
Address: 1872 HAWKINS COVE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: SULLIVAN, ALISHA  
Address: 1049 LOBSTER LANE  
City-St-Zip: JACKSONVILLE, FL 32218

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DANIELS, KIMBERLY  
Address: 450 BUSCH DRIVE SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Change ( ) Addition  
Name: DANIELS, ARDELL  
Address: 450 BUSCH DRIVE SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change ( ) Addition  
Name: ARCHIBALD, PAM  
Address: 450 BUSCH DRIVE SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change ( ) Addition  
Name: FLOWERS, KIM  
Address: 450 BUSCH DRIVE SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Change ( ) Addition  
Name: JOHNSON, LAKESHA  
Address: 450 BUSCH DRIVE SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TR (X) Change ( ) Addition  
Name: JENNINGS, MICHAEL  
Address: 450 BUSCH DRIVE SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32218

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: KIMBERLY DANIELS

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date