2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N92000000252

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 28007
JACKSONVILLE, FL 32226

New Mailing Address:

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
9197 CAMSHIRE DRIVE
JACKSONVILLE, FL 32244 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: P
Name: DANIELS, KIMBERLY
Address: 9197 CAMSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP
Name: SMITH, FAITH
Address: 9197 CAMSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: S
Name: PERRY, KIMBERLI
Address: 9197 CAMSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: FLOWERS, KIM
Address: 9197 CAMSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T
Name: JACKSON, LATONIA
Address: 9197 CAMSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: TR
Name: DANIELS, ELIJAH
Address: 9197 CAMSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY DANIELS P 04/24/2012

Electronic Signature of Signing Officer or Director — Date