

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 # N93000000431 (7)

1. Corporation Name

INSPIRED WORD MINISTRY INC.



Principal Place of Business

Mailing Address

P.O. BOX 616
PANAMA CITY FL 32402

P.O. BOX 616
PANAMA CITY FL 32402

3. Date Incorporated or Qualified
02/02/1993

3a. Date of Last Report
02/09/1995

4. FEI Number

59-3166392

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, WILLIE E
707 SATSUMA AVE.
PANAMA CITY FL 32401

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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

02/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
BELL, WILLIE E.
STREET ADDRESS 707 SATSUMS AVE
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

MARY A. BELL
707 SATSUMA AVE.
PANAMA CITY FL

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME S
JONES, BEVERLY L.
STREET ADDRESS 907 WILSON AVE
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S

RITA J. ARTS
1612 LINCOLN AVE
PANAMA CITY FL

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME TD
MCCLAIN, HERBERT E
STREET ADDRESS 913 NOTTINGHAM
CITY-ST-ZIP PANAMA CITY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

BILLY RAY WHITSETT
505 MAINE AVE.
PANAMA CITY FL

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME TD
BELL, TOMMY
STREET ADDRESS 704 WILLIAMS AVE
CITY-ST-ZIP PANAMA CITY FL 32401

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: *Willie E. Bell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/96

Date

904) 747-0565

Daytime Phone #

CR2E037 (12/95)