

4-18-97 B-4962C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32402-0616



3. Date Incorporated or Qualified 02/02/1993	3a. Date of Last Report 03/04/1996
4. FEI Number 59-3166392	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 617.0503, Florida Statutes.

SIGNATURE Willie E. Bell Willie E. Bell

APRIL 14, 1997

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, WILLIE E.	1.2 NAME	
STREET ADDRESS	707 SATSUMS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTS, RITA J.	2.2 NAME	Beverly L. Jones
STREET ADDRESS	1612 LINCOLN AVE	2.3 STREET ADDRESS	907 Wilson Ave.
CITY - ST - ZIP	PANAMA CITY FL	2.4 CITY - ST - ZIP	Panama City FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, HERBERT E	3.2 NAME	
STREET ADDRESS	913 NOTTINGHAM	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSETT, BILLY RAY	4.2 NAME	Louisa T. Rosee
STREET ADDRESS	505 MAINE AVE	4.3 STREET ADDRESS	1423 N. Cove Blvd
CITY - ST - ZIP	PANAMA CITY FL	4.4 CITY - ST - ZIP	Panama City FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MARY A.	5.2 NAME	
STREET ADDRESS	707 SATSUMA AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 WILLIE E. BELL

(Signature typed or printed name of signing officer or director)

APRIL 14, 1997 904) 747-0565

CR2E037 (9/96)