NONPROFIT CORPORATION LANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

01-27-1999 90040 025 *****70.00

DOCUMENT # N9300000431

1. Corporation Name

INSPIRED WORD MINISTRY INC.

Principal	Place	of	Business

P.O. BOX 616 PANAMA CITY FL 32402 Mailing Address

P.O. BOX 616

PANAMA CITY FL 32402



FILED

Jan 27, 1999 8:00am

Secretary of State

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2. Principal Pla	ace of Business	2a. Mailing Address		_	3. Date Incorporated or Qualifed 02/02/1993	<u>+</u>		
						Applied For		
Suite, Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number		1 ", "		Applicable	
i !			59-3166392		<u> 1</u>		1	
City P State			5. Certifcate of Status Desired		X	\$8.75 Ad		
City & State				J. Certificate of States Bookes		Fee Req	uirea	
23	3				6. Election Campaign Financing \$5.00 May Be			
Zip					Trust Fund Contribution Added to Fees			Fees
24	25		<u> </u>		10. Name and Address of New	Registered A	lgent	
	9. Name and Address of Current	Registered Agent	81	Name		•		1
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707 SATSI	IMA AVE		-	<u> </u>				
	707 SATSUMA AVE. PANAMA CITY FL 32401		83					
PANAMA	SILL LE SEAOL		84	City			85 Zip Co	ode
			1.			,		the body of the
HA SAY MA	to the provisions of Sections 617.050	2 C47 4509 Florida Statutes	the abov	e-named com	oration submits this statement for th	e purpose of o	changing its r	egistered
office of re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autitions of, Section 617.0503, Florid	horized by da Statutes	the corporations.	on's board of directors. It nereby acc	apt the appoin	a Hilmitin	हैं। इस्ति विश्व
					Tirk a ribeteling)	DATE		
31017110112	Signature, typed or printed name of registered agen	.,	13.	art arguature require	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR	RS IN 12
12.		D DIRECTORS	1.1 TITLE		60 KZ 1700	i	☐ Change	Addition
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	PANAMA CITY FL		1.4 CITY-5	ST-ZIP		<u> </u>	Change	Addition
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TITLE	1 T		2.2 NAME	.		N.		
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CITY-ST-ZIP	PANAMA CITY FL	A G B A C	_			1	☐ Change	☐ Addition
TITLE	TD	☐ DELETE	3.1 TITLE	i				
NAME	MCCLAIN, HERBERT E		3.2 NAME		•	A		ì
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY	-ST-ZIP		1	Change	☐ Addition
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CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-			1	☐ Change	☐ Addition
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14. I 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, with all other like empowered.

SIGNATURE DULSIONATURE BEQUEED Bel

Tan. 11,1999 850-147-0

CROF