

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000431

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3166392

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME ARTS, RITA J  
STREET ADDRESS 1612 LINCOLN AVE  
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director

☒ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME ROSEE, LOUISA T  
STREET ADDRESS 1423 N COVE BLVD  
CITY-ST-ZIP PANAMA CITY FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BELL, MARY A.  
STREET ADDRESS 707 SATSUMA AVE  
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*WILLIE E. BELL* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

850) 747-0565

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE