2001	UNIFORM BU	JSINESS REPO	RT (UBI	R)			
DOCUM I. Entity Name	ENT # N9300	00000431			- d	-bar ranger c	<i>‡</i>
INSPIRED WORD MINISTRY INC.						ED	
Principal Place o	of Business	Mailing Address			02 NOV -7	PM 5: 12	
P.O. BOX 616 PANAMA CITY FL 32402		P.O. BOX 616 PANAMA CITY FL 32402			SESSETARY TAILAHASSE	OF STATE	iΑ
					81 818 (0180 700) 0000 0000 88101 88	181 66 111 88 131 81818	
Principal Plac	Box 35093	3. Mailing Address P.D. Box Suite, Apt. #, etc.	35095	REN	STATENE	SPACE 7/	
							oplied For
Paran	na FL	Panama	FL	4. FEI Numb	59-3166392	/ No	ot Applicable
32412	Country	32412	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Cur	rrent Registered Agent	Name	7. Name and	Address of New Register	ed Agent	
<u> </u>		**************************************		daress (P.O. Box Numb	ar le Nor Arvantable)		
BELL, WILLIE 707 SATSUN			3116617	duress (r.o. box rudino	ier is Not Acceptable)		
PANAMA CIT			City			Zip Cod	le
			l Oity			-, ,	
	med entity submits this stateme	ent for the purpose of changing its		r registered agent, or bo		- L -	
3. The above na SIGNATURE	mature, typed or printed name of registered	agent and title if applicable. (NOTE	registered office of the control of	ure required when reinstating) \$5.00 May Be	oth, in the state of Florida. DAT	ck Payable to	<u>-</u>
3. The above na SIGNATURE	mature, typed or printed name of registered	agent and title if applicable. (NOTE	registered office of the control of	ure required when reinstating)	oth, in the state of Florida. DAT	-30 - 07	<u>.</u>
3. The above na SIGNATURE Sig	phature, typed or printed name of registered FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib	registered office of the control of	s5.00 May Be Added to Fees	oth, in the state of Florida. DAT	ck Payable to	1 10
3. The above na . SIGNATURE Sig	FILE NOW: FEE IS \$61.25 OFFICERS ANI	9. Election Campaign Trust Fund Contrib	registered office of Financing ution.	s5.00 May Be Added to Fees	Make Chec	ck Payable to	-
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE CARRIED SETSOURWILLE F. BUIL 10-20-02 850-747-0868