## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000431

1. Entity Name

INSPIRED WORD MINISTRY INC.



FILED

May 01, 2007 08:00 f

Secretary of State

Principal Place of Business

P.O. BOX 35095

PANAMA CITY, FL 32412

Mailing Address

P.O. BOX 35095

PANAMA CITY, FL 32412



## DO NOT WRITE IN THIS SPACE

01192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3166392

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>				
SIGNATURE	Willie E. Ball,	Willie E.	Bell Dr.	4-29-07
	Signature, typed or printed name of registered agent and title	if applicable, (NOTE: Registere	d Agent signature required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Final     Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, WILLIE E. 707 SATSUMS AVE PANAMA CITY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLAIN, HERBERT E 625 COLLEGE AVENUE PANAMA CITY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, MARY A. 707 SATSUMA AVE PANAMA CITY, FL		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITSETT, BILLY R 505 MAINE AVE PANAMA CITY, FL 32401	-	JN JN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE, NAME				1, 05/21/07-80018-022:70,00

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

STREET ADDRESS CITY-ST-ZIP

- Mile C. 1001, W/114

E. Bell

4-29-07

850)319-5439

Daytime Phone #