2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300000431

1. Entity Name

INSPIRED WORD MINISTRY INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90138 015 ****70.00

P.O. BOX 35095		Mailing Address P.O. 80X 35095 PANAMA CITY FL 32412	<u> </u>					
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		3166392		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat		8.75 Add	litiona i	
	6. Name and Address of Current	t Registered Agent		7. Name and Addre	ss of New Registered A		-	
			Name					
	SUMA AVE.		Street Add	dress (P.O. Box Number is No	t Acceptable)			
PANAMA	CITY FL 32401		City		FL	FI Zip Code		
	named entity submits this statement for					and the second bloom		-
SIGNATURE .	Signature, typed or printed name of registered agen	9. Election Ca	TE: Registered Agent signature	\$5.00 May Be	Make Check			
		Trust Fund	Contribution.	J Added to Fees	Florida Depart	ment of S	state	}
10.	OFFICERS AND D		11.	ADDITIONS/CHANGE:	S TO OFFICERS AND DIR			۽ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, WILLIE E. 707 SATSUMS AVE PANAMA CITY FL.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	المنافعة المرافعة	☐ Change	Addition	E037 (40/09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLAIN, HERBERT E 625 COLLEGE AVENUE PANAMA CITY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	19
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, MARY A. 707 SATSUMA AVE PANAMA CITY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Billy R. Whitse 505 Maine Ave. Panama City Fl		☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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 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.



February 2,03

850) 747-0565