

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001044

FILED
Apr 14, 2008
Secretary of State

Entity Name: GENESIS WORD MINISTRIES, INC.

Current Principal Place of Business:

1818 29TH AV N
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

PO BOX 14183
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CULBRETH, MICHAEL T
5230 11TH AV S
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CULBRETH, MICHAEL T D
Address: 5230 11TH AV S
City-St-Zip: GULFPORT, FL 33707

Title: V () Delete
Name: CULBRETH, SHEILA W D
Address: 5230 11TH AV S
City-St-Zip: GULFPORT, FL 33707

Title: M/D () Delete
Name: JOHNSON, MICHAEL L D
Address: 4415 2ND AV S
City-St-Zip: ST PETERSBURG, FL 33711

Title: T () Delete
Name: SCOTT, TARA T
Address: 2201 42ND ST S
City-St-Zip: ST PETERSBURG, FL 33711

Title: S () Delete
Name: HOBBS, PAMELA T
Address: 5916 5TH AV N APT 3B
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T CULBRETH

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04/14/2008

Electronic Signature of Signing Officer or Director

Date