

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000265

FILED
May 22, 2009
Secretary of State

Entity Name: WORD FOUNDATION MINISTRIES, INC.

Current Principal Place of Business:

10570 WOODCHUCK LANE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

1095 CORA MILL RD
GALLIPOLIS, OH 45631

Current Mailing Address:

10570 WOODCHUCK LANE
BONITA SPRINGS, FL 34135

New Mailing Address:

1095 CORA MILL RD
GALLIPOLIS, OH 45631

FEI Number: 31-1571316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWFORD, MARK
10570 WOOD CHUCK LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CRAWFORD, MARK
1095 CORA MILL RD
GALLIPOLIS, FL 45631 US

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: MARK CRAWFORD

05/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWFORD, MARK
Address: 10570 WOODCHUCK LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: CRAWFORD, SHARON
Address: 10570 WOODCHUCK LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: ANDERSON, SUE
Address: 26831 PALM ST
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAWFORD, MARK
Address: 1095 CORA MILL RD
City-St-Zip: GALLIPOLIS, OH 45631

Title: VD (X) Change () Addition
Name: CRAWFORD, SHARON
Address: 1095 CORA MILL RD
City-St-Zip: GALLIPOLIS, OH 45631

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: MARK CRAWFORD

PD

05/22/2009

Electronic Signature of Signing Officer or Director

Date