

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001939

FILED
Sep 03, 2003
Secretary of State

Entity Name: IN THE WORD MINISTRIES PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business:

1233 45TH ST, BLDG C-6
WEST PALM BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

7047 GALLEON COVE CIR
WEST PALM BEACH, FL 33418

New Mailing Address:

FEI Number: 65-0744558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, BOBBY SR
7047 GALLEON COVE CIRCLE
PALM BCH GARDENS, FL 33418 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/D () Delete
Name: BOBBY GILBERT, SR,
Address: 7047 GALLEON COVE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP/D () Delete
Name: ANNETTE M GILBERT,
Address: 7047 GALLEON COVE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T/D () Delete
Name: ANDREWS, KATIE
Address: 5214 EDENWOOD RD
City-St-Zip: WEST PALM BEACH, FL 33418

Title: D () Delete
Name: SCHOFIELD, SHARON
Address: 1341 W 7 ST
City-St-Zip: RIVIERA BCH, FL 33404

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 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 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: KATIE ANDREWS

T/D

09/03/2003

Electronic Signature of Signing Officer or Director

Date