

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006915

1. Entity Name

HIS WORD MINISTRIES INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90003 038 \*\*\*\*61.25

Principal Place of Business

1410 WILTON AVE.  
ORLANDO FL 32805

Mailing Address

1410 WILTON AVE.  
ORLANDO FL 32805

2. Principal Place of Business

1410 Wilton Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Zip

Country

32805 Orange

Zip

Country

4. FEI Number

59-3657063

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POKE, BARBARA  
1410 WILTON AVE.  
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE DPM ☐ Delete  
NAME POKE, BARBARA  
STREET ADDRESS 1410 WILTON AVE.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE VD ☐ Delete  
NAME THOMAS, BETTY J  
STREET ADDRESS 3617 STARKS ST.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE STD ☐ Delete  
NAME WEEKIRSON, GERALDINE  
STREET ADDRESS 3910 TROVATI STREET  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

*Barbara Poked*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

Date

4076423-8213

Daytime Phone #

CR2E037 (5/00)