## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2002 8:00 am Secretary of State DOCUMENT # N98000006915 HIS WORD MINISTRIES INC. 03-19-2002 90012 008 \*\*\*\*70 00 Principal Place of Business Mailing Address 1410 WILTON AVE. 1410 WILTON AVE. ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3657063 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) POKE, BARBARA 1410 WILTON AVE. parent. ORLANDO FL 32805 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DPM (9/01) TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME POKE, BARBARA NAME STREET ADDRESS 1410 WILTON AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP ۷D TITLE ☐ Delete ☐ Change ☐ Addition NAME THOMAS, BETTY J NAME STREET ADDRESS STREET ADDRESS 3617 STARKS ST. CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition WEEKIRSON, GERALDINE NAME NAME STREET ADDRESS 3910 TROVATI STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 3-3-02 407) 423-8213