

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004754

1. Entity Name

THE WAY OF THE WORD MINISTRIES, INC.

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90051 046 ****61.25

Principal Place of Business

9159 ARLINGTON EXPRESSWAY., BLDG 11
JACKSONVILLE FL 32211

Mailing Address

1870 HARDEE ST
JACKSONVILLE FL 32209

2. Principal Place of Business

7161 ACORN STREET

3. Mailing Address

Suite, Apt. #, etc.

Jacksonville, FL.

City & State

4. FEI Number 59-3567076

Applied For

Not Applicable

Zip 32209 Country United States

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, JAMES S
11517 BIRCH FOREST CIRCLE E.
JACKSONVILLE FL 32218

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BURCH, HOMER L
STREET ADDRESS 1870 HARDEE ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

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

TITLE VD
NAME BURCH, PATRICIA
STREET ADDRESS 1870 HARDEE ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

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

TITLE SD
NAME WASHINGTON, SANDRA
STREET ADDRESS 8148 MORRISTOWN TR
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

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

TITLE TD
NAME KEMP, BOBBIE
STREET ADDRESS P.O. BOX 52344
CITY-ST-ZIP JACKSONVILLE FL 32201 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: Bobbie J. Kemp 3/14/02 904-764-6643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)