

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004754

FILED
Apr 24, 2006
Secretary of State

Entity Name: THE WAY OF THE WORD MINISTRIES, INC.

Current Principal Place of Business:

761 ACORN STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1870 HARDEE ST
JACKSONVILLE, FL 32209

New Mailing Address:

761 ACORN STREET
JACKSONVILLE, FL 32209

FEI Number: 59-3567076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, JAMES S
11517 BIRCH FOREST CIRCLE E.
JACKSONVILLE, FL 32218 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: PD () Delete
Name: BURCH, HOMER L
Address: 1870 HARDEE ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD () Delete
Name: BURCH, PATRICIA
Address: 1870 HARDEE ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: GRAY, VIVIAN
Address: 6031 NORSE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: HOLBACK, MARY Y
Address: 0525 DONIPHON DR
City-St-Zip: JACKSONVILLE, FL 32218

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 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: HOMER L. BURCH

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date