

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004754

FILED  
Apr 17, 2008  
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:**

761 ACORN STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**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: TD ( ) Delete  
Name: YOUNG, SHELTON  
Address: 11247 SAN JOSE BLVD. APT# 719  
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: TSD ( ) Delete  
Name: YOUNG, CHELENE  
Address: 11247 SAN JOSE BLVD. APT # 719  
City-St-Zip: JACKSONVILLE, FL 32223

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date