

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90060 040 \*\*\*61.25

**DOCUMENT # N99000004754**

1. Entity Name

**THE WAY OF THE WORD MINISTRIES, INC.**



Principal Place of Business

**761 ACORN STREET  
JACKSONVILLE FL 32209**

Mailing Address

**1870 HARDEE ST  
JACKSONVILLE FL 32209**

2. Principal Place of Business

**761 Acorn St.**  
Suite, Apt. #, etc.

3. Mailing Address

**1870 Hardee St.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville, Fla.**  
Zip  
**32209**  
Country  
**Dual**

City & State  
**Jacksonville, Fla.**  
Zip  
**32209**  
Country  
**Dual**

4. FEI Number **59-3567076**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JAMES S. HARRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**11517 Birch Forest Cir E**  
City **JACKSONVILLE** FL Zip Code **32218**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURCH, HOMER L	
STREET ADDRESS	1870 HARDEE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURCH, PATRICIA	
STREET ADDRESS	1870 HARDEE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, SANDRA	
STREET ADDRESS	8148 MORRISTOWN TR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KEMP, BOBBIE	
STREET ADDRESS	P.O. BOX 52344	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIVIAN GRAY	
STREET ADDRESS	6031 NORSE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Y. Holback	
STREET ADDRESS	10525 Bonifant Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR3E037 (10/02)

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:

*Homer L Burch*

3/7/03 574-4340