

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

DOCUMENT # **N99000004754**

1. Entity Name

THE WAY OF THE WORD MINISTRIES, INC.



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

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

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 Duval

City & State

Jacksonville, Fla.
Zip 32209 Country Duval

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)
City *11517 Birch. Forest Cir E.*
Zip Code *FL 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BURCH, HOMER L
1870 HARDEE ST
JACKSONVILLE FL 32209

Delete

TITLE **T.D.**
NAME
STREET ADDRESS
CITY-ST-ZIP

VIVIAN GRAY
6031 NORSE DR.
JACKSONVILLE FL 32244

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BURCH, PATRICIA
1870 HARDEE ST
JACKSONVILLE FL 32209

Delete

TITLE **S.D.**
NAME
STREET ADDRESS
CITY-ST-ZIP

Mary Y. Holback
10525 Boniphant Drive
Jacksonville, FL 32218

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
WASHINGTON, SANDRA
8148 MORRISTOWN TR
JACKSONVILLE FL 32244

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
KEMP, BOBBIE
P.O. BOX 52344
JACKSONVILLE FL 32201

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 (04)
514-4304*

CR2E037 (10/02)