

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007224	
1. Entity Name BY WORD OF MOUTH MINISTRIES, INC.	
Principal Place of Business 4326 HIGHLAND PARK BLVD. LAKELAND, FL 33813	Mailing Address 4326 HIGHLAND PARK BLVD. LAKELAND, FL 33813



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632537	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUNDY, KENNETH
4326 HIGHLAND PARK BLVD.
LAKELAND, FL 33813

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUNDY, KENNETH
STREET ADDRESS	4326 HIGHLAND PARK BLVD.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	MUNDY, JUDY
STREET ADDRESS	4326 HIGHLAND PARK BLVD.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	NELSON, JAMES
STREET ADDRESS	5412 TIMBERLANE ROAD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	GOSZLETH, LOU
STREET ADDRESS	2715 HAM BROWN ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-80080-004 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

Date

863 644 6418

Daytime Phone #