

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010691

**Entity Name:** DESIRED WORD MINISTRIES INC.

**Current Principal Place of Business:**

3130 NORTH POWERS DR  
ORLANDO, FL 32818

**Current Mailing Address:**

3130 NORTH POWERS DR  
ORLANDO, FL 32818

**FEI Number: 90-0639891**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCALLUM, RICARDO EPASTOR  
330 AUTUMN BREEZE WAY  
WINTER PARK, FL 32792 US

*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

**Officer/Director Detail :**

Title D  
Name MCCALLUM, RICARDO EPASTOR  
Address 330 AUTUMN BREEZE WAY  
City-State-Zip: WINTER PARK FL 32792

Title TD  
Name MCCALLUM, CHERYL A  
Address 330 AUTUMN BREEZE WAY  
City-State-Zip: WINTER PARK FL 32792

Title SD  
Name BLAIR, VALERIE M  
Address 7454 COUNTRY RUN PKWY  
City-State-Zip: ORLANDO FL 32818

Title D  
Name BRYAN, VENITA  
Address 212 BUNNELL STREET  
City-State-Zip: BRIDGEPORT CT 06607

*I hereby 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 all other like empowered.*

**SIGNATURE: RICARDO MCCALLUM**

**OWNER**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date