

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

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# N97000000265

Entity Name: WORD FOUNDATION MINISTRIES, INC.

**Current Principal Place of Business:**

10570 WOODCHUCK LANE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

10570 WOODCHUCK LANE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 31-1571316      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CRAWFORD, MARK  
10570 WOOD CHUCK LANE  
BONITA SPRINGS, FL 34135      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: CRAWFORD, MARK  
Address: 10570 WOODCHUCK LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete  
Name: CRAWFORD, SHARON  
Address: 10570 WOODCHUCK LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete  
Name: ANDERSON, SUE  
Address: 26831 PALM ST  
City-St-Zip: BONITA SPRINGS, FL 34135

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK CRAWFORD

PD

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date