


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90326 016 ****61.25

DOCUMENT # N0400000715

1. Entity Name
THE WORD MADE FLESH, INC.



Principal Place of Business
**1781 SW ALEGRE STREET
 PORT ST. LUCIE, FL 34953**

Mailing Address
**1781 SW ALEGRE STREET
 PORT ST. LUCIE, FL 34953**

50037735



2. Principal Place of Business
1834 SW MORELTA

3. Mailing Address
1834 SW MORELTA

Suite, Apt. #, etc.

01162005 Chg-NP CR2E037 (10/03)

City & State
PORT ST LUCIE, FL

City & State
PORT ST LUCIE, FL

Zip
34953

Zip
34953

4. FEI Number
20-0650905

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, MAXINE
 1781 SW ALEGRE STREET
 PORT ST. LUCIE, FL 34953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1834 SW MORELTA

City
PORT ST LUCIE

FL

Zip Code
34953

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

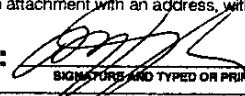
Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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	D REDIC, BENJAMIN 349 EASTPORT CIRCLE PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MAXINE 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete	0157 MAXINE TAYLOR 1834 SW MORELTA PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DERRICK 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete	DIP DERRICK TAYLOR 1834 SW MORELTA PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	D MARY-JONES 5669 SE 4 AVENUE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	D ALTHEA STONDE MERE 4665 NE SAVANNAH RD JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

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

maxine Taylor
SECRETARY/TREASURER

Date: **4/17/05**
Date

Daytime Phone #: **3595482**
Daytime Phone #