
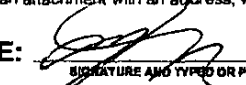


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90086 015 ****61.25

DOCUMENT # N0400000715					
1. Entity Name THE WORD MADE FLESH, INC.					
Principal Place of Business 1834 SW MORELEA PORT ST. LUCIE, FL 34953			Mailing Address 1834 SW MORELEA PORT ST. LUCIE, FL 34953		
2. Principal Place of Business 1834 SW MORELIA		3. Mailing Address 1834 SW MORELIA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0650905	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, MAXINE 1834 SW MORELEA 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 MORELIA		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REDIC, BENJAMIN	NAME			
STREET ADDRESS	349 EASTPORT CIRCLE	STREET ADDRESS			
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953	CITY - ST - ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, MAXINE	NAME			
STREET ADDRESS	1834 SW MORELEA	STREET ADDRESS	1834 SW MORELIA		
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, DERRICK	NAME			
STREET ADDRESS	1834 SW MORELEA	STREET ADDRESS	1834 SW MORELIA		
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, MARY	NAME			
STREET ADDRESS	5669 SE 4TH AVENUE	STREET ADDRESS			
CITY - ST - ZIP	STUART, FL 34997	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOudemere, ALTHEA	NAME			
STREET ADDRESS	4865 NE SAVANNAH RD	STREET ADDRESS			
CITY - ST - ZIP	JENSEN BEACH, FL 34957	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		P. Rectus		3-26-06 (770) 528-6597	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Maxine Taylor					