

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003473

Entity Name: OPEN WORD WORSHIP CENTER INC.**Current Principal Place of Business:**62 LONNIE CLARK ROAD
QUINCY, FL 32351**Current Mailing Address:**P.O. BOX 59
QUINCY, FL 32353**FEI Number:** 20-8750703**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEST, ROBERT LJR.
553 THOMAS DRIVE
QUINCY, FL 32352 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 VP
Name WEST, ROBERT D
Address 215 WOODWARD ROAD
City-State-Zip: QUINCY FL 32352

Title CEOP
Name WEST, ROBERT LJR.
Address 553 THOMAS DRIVE
City-State-Zip: QUINCY FL 32352

Title VPTR
Name WEST, ALMA R
Address 553 THOMAS DRIVE
City-State-Zip: QUINCY FL 32352

Title VPTR
Name WEST, TAKISHA F
Address 215 WOODWARD ROAD
City-State-Zip: QUINCY FL 32352

Title VPTR
Name SMITH, ROSALYN W
Address 380 QUAIL ROOST ROAD
City-State-Zip: QUINCY FL 32352

Title VPTR
Name WEST, PAULINE
Address 1128 POINT MILLIGAN ROAD
City-State-Zip: QUINCY FL 32352

Title VPTR
Name WEST, JAMES E
Address 1128 PT. MILLIGAN ROAD
City-State-Zip: QUINCY FL 32352

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: ROBERT L. WEST, JR

CEO

04/30/2015

Electronic Signature of Signing Officer/Director Detail_____
Date