

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005488

**Entity Name:** THE WORD PLUS, INC.

**Current Principal Place of Business:**

13008 22ND COURT E  
PARRISH, FL 34219

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**8530343862CC**

**Current Mailing Address:**

13008 22ND COURT E  
PARRISH, FL 34219 US

**FEI Number: 65-0967209**

**Certificate of Status Desired: No**

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

WILLIAMS, BRENDA L  
13008 22ND COURT E  
PARRISH, FL 34219 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: BRENDA L WILLIAMS**

**02/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, OFFICER  
Name            WILLIAMS, BRUCE L  
Address        8909 FM 1570 N  
City-State-Zip: GREENVILLE TX 75402

Title            DIRECTOR  
Name            HAGER, DANIEL  
Address        2811 MANATEE AVE. W.  
City-State-Zip: BRADENTON FL 34205

Title            TREASURER, OFFICER  
Name            WILLIAMS, BRENDA L  
Address        13008 22ND COURT E  
City-State-Zip: PARRISH FL 34219

Title            VP, OFFICER  
Name            WILLIAMS, KRISTEN R  
Address        8909 FM 1570 N  
City-State-Zip: GREENVILLE TX 75402

Title            SECRETARY, OFFICER  
Name            WILLIAMS, CHERYL L  
Address        8909 FM 1570 N  
City-State-Zip: GREENVILLE TX 75402

Title            DIRECTOR  
Name            COOPER, KASIE  
Address        13008 22ND COURT E  
City-State-Zip: PARRISH FL 34219

Title            DIRECTOR  
Name            ROBINSON, TABITHA  
Address        102 N B STREET  
City-State-Zip: CALERA OK 74730

*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: BRENDA WILLIAMS**

**TREASURER**

**02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date