

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 046 \*\*\*\*61.25

**DOCUMENT # 733546**

1. Entity Name

THE SPOKEN WORD ASSEMBLY OF PENSACOLA, INC.



Principal Place of Business

9600 NORTH PALAFOX ST  
PO BOX 7124  
PENSACOLA FL 32534

Mailing Address

9600 NORTH PALAFOX ST  
PO BOX 7124  
PENSACOLA FL 32534

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2702949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOYD, DAVID W.  
6973 ANGUS LANE  
MOLINO FL 32577

Name

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE ☐ Delete  
NAME FLOYD, DAVID W.  
STREET ADDRESS 6973 ANGUS LANE  
CITY ST ZIP MOLINO FL 32577

TITLE ☐ Delete  
NAME FLOYD, TIMOTHY W.  
STREET ADDRESS 3030 PELICAN LN  
CITY ST ZIP PENSACOLA FL 32514

TITLE ☐ Delete  
NAME FLOYD, SUSAN C.  
STREET ADDRESS 6973 ANGUS LANE  
CITY ST ZIP MOLINO FL 32577

TITLE ☐ Delete  
NAME LONG, LISA D  
STREET ADDRESS 6961 ANGUS LANE  
CITY ST ZIP MOLINO FL 32577

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Davis, Bruce**  
CITY ST ZIP **3071 Woodbury Circle**  
**Cantonment, FL 32533**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan C. Floyd Susan C. Floyd

3/23/07 (850) 479-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #