

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733546

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE SPOKEN WORD ASSEMBLY OF PENSACOLA, INC.

Current Principal Place of Business:

9600 NORTH PALAFOX ST
PO BOX 7124
PENSACOLA, FL 32534

New Principal Place of Business:

9600 NORTH PALAFOX ST
PENSACOLA, FL 32534

Current Mailing Address:

9600 NORTH PALAFOX ST
PO BOX 7124
PENSACOLA, FL 32534

New Mailing Address:

9600 NORTH PALAFOX ST
P.O. BOX 7124
PENSACOLA, FL 32534

FEI Number: 59-2702949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, DAVID W.
6973 ANGUS LANE
MOLINO, FL 32577 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLOYD, DAVID W.
Address: 6973 ANGUS LANE
City-St-Zip: MOLINO, FL 32577

Title: VD () Delete
Name: FLOYD, TIMOTHY W.
Address: 3030 PELICAN LN
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: FLOYD, SUSAN C.
Address: 6973 ANGUS LANE
City-St-Zip: MOLINO, FL 32577

Title: SD () Delete
Name: LONG, LISA D
Address: 6961 ANGUS LANE
City-St-Zip: MOLINO, FL 32577

Title: D (X) Delete
Name: DAVIS, BRUCE
Address: 3071 WOODBURY CIRCLE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLOYD, DAVID W
Address: 6973 ANGUS LANE
City-St-Zip: MOLINO, FL 32577

Title: VD (X) Change () Addition
Name: FLOYD, SUSAN C
Address: 6973 ANGUS LN
City-St-Zip: MOLINO, FL 32577

Title: TD (X) Change () Addition
Name: LONG, LISA D
Address: 6961 ANGUS LANE
City-St-Zip: MOLINO, FL 32577

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA D. LONG

SD,

04/09/2009

Electronic Signature of Signing Officer or Director

Date