

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738974

FILED  
May 04, 2006  
Secretary of State

Entity Name: WORDS FROM THE WORD, INC.

## Current Principal Place of Business:

1138 US HIGHWAY 41 NW  
P.O. BOX 906  
JASPER, FL 32052 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 906  
JASPER, FL 32052 US

## New Mailing Address:

FEI Number: 59-1762316      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WILLS, PHIL A  
307 S.W. 5TH AVE.  
P.O. BOX 906  
JASPER, FL 32052 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLS, PHIL A  
Address: 307 S.W. 5TH AVE.  
City-St-Zip: JASPER, FL 32052

Title: TD ( ) Delete  
Name: WILLS, CONNIE L  
Address: 307 S.W. 5TH AVE.  
City-St-Zip: JASPER, FL 32052

Title: D ( ) Delete  
Name: WALDEN, FRANKLIN  
Address: P O BOX 120  
City-St-Zip: CONYERS, GA 30207

Title: D ( ) Delete  
Name: RENFROE, LADSON  
Address: RR 1, BOX 454-A  
City-St-Zip: LIVE OAK, FL 32062

Title: D ( ) Delete  
Name: RENFROE, ELOISE  
Address: RR 1, BOX 454-A  
City-St-Zip: LIVE OAK, FL 32062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: PHIL A. WILLS

PD

05/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date