

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738974

FILED
Feb 15, 2008
Secretary of State

Entity Name: WORDS FROM THE WORD, INC.

Current Principal Place of Business:

1138 US HIGHWAY 41 NW
JASPER, FL 32052 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 82710
CONYERS, GA 30013 US

New Mailing Address:

P.O. BOX 88474
DUNWOODY, GA 30356 US

FEI Number: 59-1762316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENFROE, LADSON
RR 1, BOX 454-A
LIVE OAK, FL 32062 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: 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 50
City-St-Zip: JENNINGS, FL 32053

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 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

02/15/2008

Electronic Signature of Signing Officer or Director

Date