2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 738974

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 88474
DUNWOODY, GA 30356 US

New Mailing Address:

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 01/20/2009
Electronic Signature of Signing Officer or Director — Date