

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005252

Entity Name: THE WORD PLACE, INC.

FILED  
Sep 11, 2008  
Secretary of State

## Current Principal Place of Business:

2043 SE WATERCREST ST.  
PORT ST. LUCIE, FL 34984

## New Principal Place of Business:

1811 SW TAURUS LANE  
PORT ST. LUCIE, FL 34983

## Current Mailing Address:

PO BOX 8325  
PORT ST LUCIE, FL 34985 US

## New Mailing Address:

FEI Number: 11-3656925      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:

JONES, KATHY S RA  
2043 SE WATERCREST ST  
PORT ST. LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

JONES, KATHY S RA  
1811 SW TAURUS LANE  
PORT ST. LUCIE, FL 34983 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:

09/11/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: JONES, KATHY S PRES  
Address: PO BOX 8325  
City-St-Zip: PORT ST LUCIE, FL 34985

Title: D ( ) Delete  
Name: SPRINGER, THEODIS  
Address: PO BOX 8325  
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: D ( ) Delete  
Name: GETER, ANGELA  
Address: PO BOX 8325  
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: O ( ) Delete  
Name: LEZEAU, JOSEPH SEC  
Address: PO BOX 8325  
City-St-Zip: PORT ST LUCIE, FL 34985

Title: O (X) Delete  
Name: LEZEAU, TANGELA TRE  
Address: PO BOX 8325  
City-St-Zip: PORT ST LUCIE, FL 34985

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D (X) Change ( ) Addition  
Name: JONES, KATHY S PRES  
Address: PO BOX 8325  
City-St-Zip: PORT ST LUCIE, FL 34985

Title: O/D (X) Change ( ) Addition  
Name: JONES, K J VP/SEC  
Address: PO BOX 8325  
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: D (X) Change ( ) Addition  
Name: SPRINGER, THEO  
Address: PO BOX 8325  
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: O/D (X) Change ( ) Addition  
Name: ROBERTS, PAUL TREAS  
Address: PO BOX 6237  
City-St-Zip: STUART, FL 34997

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: KATHY S. JONES

PRES

09/11/2008

Electronic Signature of Signing Officer or Director

Date