

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003384

FILED  
Sep 06, 2005  
Secretary of State

**Entity Name:** WORD ALIVE MINISTRIES COMMUNITY SERVICES CORPORATION, INC.

**Current Principal Place of Business:**

302 E. MEMORIAL BLVD.  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

302 E. MEMORIAL BLVD.  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:** 59-3700557      **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:**

MCGREW, VINCENT  
5006 MUIR WAY  
LITHIA, FL 33547      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: P      ( ) Delete  
Name: PICKETT, EDGAR T III  
Address: 302 E. MEMORIAL BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: V      ( ) Delete  
Name: MCGREW, VINCENT  
Address: 5006 MUIR WAY  
City-St-Zip: LITHIA, FL 33547

Title: STD      (X) Delete  
Name: STEWART, GWENDOLYN  
Address: 1427 PO WHATEN COURT  
City-St-Zip: LAKELAND, FL 33805

Title: TD      (X) Delete  
Name: SOLOMON, BARBARA  
Address: 1438 RIDGE LAKE CT  
City-St-Zip: LAKELAND, FL 33801

Title: D      (X) Delete  
Name: BURT, JAMES  
Address: 1420 BRYANT STREET  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MCGREW, VINCENT R  
Address: 5006 MUIR WAY  
City-St-Zip: LITHIA, FL 33547

Title: VPD      (X) Change ( ) Addition  
Name: SOLOMON, BARBARA  
Address: 1438 RIDGE LAKE COURT  
City-St-Zip: LAKELAND, FL 33801

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 Section 119.07(3)(i), 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: BARBARA SOLOMON

VPD

09/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date