

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90242 040 ****61.25

DOCUMENT # NC1000003384

1. Entity Name

**WORD ALIVE MINISTRIES COMMUNITY SERVICES
CORPORATION, INC.**



Principal Place of Business

302 E. MEMORIAL BLVD.
LAKELAND FL 33805

Mailing Address

302 E. MEMORIAL BLVD.
LAKELAND FL 33805

2. Principal Place of Business

1022 Lakeland Hills Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 91540

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33805

Country

USA

Zip

33804

Country

USA

4. FEI Number

59-3700557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGREW, VINCENT
5006 MUIR WAY
LITHIA FL 33547**

7. Name and Address of New Registered Agent

Name **Debra L. Wright**

Street Address (P.O. Box Number is Not Acceptable)

1022 Lakeland Hills Blvd

City

Lakeland

FL

Zip Code

33805

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGREW, VINCENT R	
STREET ADDRESS	5006 MUIR WAY	
CITY-ST-ZIP	LITHIA FL 33547	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SOLOMON, BARBARA	
STREET ADDRESS	1438 RIDGE LAKE COURT	
CITY-ST-ZIP	LAKELAND FL 33801	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra L. Wright	
STREET ADDRESS	1022 Lakeland Hills Blvd	
CITY-ST-ZIP	Lakeland, FL 33805	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

9/1/06 *[Signature]* 2/6/06 *[Signature]* 863-686-2227