

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003384

FILED  
May 08, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1022 LAKE LAND HILLS BLVD  
LAKE LAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

POB 91540  
LAKE LAND, FL 33804

**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:**

WRIGHT, DEBRA L  
1022 LAKE LAND HILLS BLVD  
LAKE LAND, FL 33805      US

**Name and Address of New Registered Agent:**

MCGREW, VINCENT R  
5006 MUIR WAY  
LITHIA, FL 33547      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: VINCENT R. MCGREW

05/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: S      ( ) Delete  
Name: ATKINS, MARGARET M  
Address: 300 SOUTH FLORIDA AVE., SUITE 800  
City-St-Zip: LAKE LAND, FL 33801

Title: ED      (X) Delete  
Name: WRIGHT, DEBRA L  
Address: 1022 LAKE LAND HILLS BLVD  
City-St-Zip: LAKE LAND, FL 33805

Title: BM      ( ) Delete  
Name: SOLOMON, BARBARA  
Address: 1438 RIDGE LAKE COURT  
City-St-Zip: LAKE LAND, FL 33801

**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: BM      (X) Change ( ) Addition  
Name: SOLOMON, BARBARA  
Address: 3548 GALLOWAY OAKS COURT  
City-St-Zip: LAKE LAND, FL 33810

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: BARBARA SOLOMON

BS

05/08/2008

Electronic Signature of Signing Officer or Director

Date