

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005648

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** WORDS FROM HEAVEN MINISTRIES AND EDUCATION CENTER, INC.

**Current Principal Place of Business:**

2041 ASCOT WAY  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

310 BLOUNT ST  
SUITE 116  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2041 ASCOT WAY  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-3936669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RESPRESS, WILLIAM DR.  
2041 ASCOT WAY  
TALLAHASSEE, FL 32312      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: D      ( ) Delete  
Name: RESPRESS, WILLIAM  
Address: 2041 ASCOT WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: WILLIAMS, ONETTA  
Address: 157 COTHAM  
City-St-Zip: HUNTINGDON, TN 38344

Title: D      ( ) Delete  
Name: RESPRESS, TRINETIA L  
Address: 2041 ASCOT WAY  
City-St-Zip: TALLAHASSEE, FL 32312

**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:

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: WILLIAM RESPRESS

DIR

01/19/2005

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

\_\_\_\_\_  
Date