


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001059</b>	
1. Entity Name <b>A WORD FOR DAILY LIVING MINISTRIES, INC.</b>	

Principal Place of Business <b>P.O. BOX 10217 PENSACOLA, FL 32524</b>	Mailing Address <b>P.O. BOX 10217 PENSACOLA, FL 32524</b>
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04122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0565164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PATTEN, WALTER  
2130 DOVEFIELD DR  
PENSACOLA, FL 32534**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution, ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTEN, WALTER P.O. BOX 10217 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOBLEY, JOHN A P.O. BOX 10217 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTEN, ANGELINA P.O. BOX 10217 PENSACOLA, FL 32524
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000515502  
04/29/06-80214-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Walter Patten **4-14-06 850 478-6402**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #