


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001059</b> 1. Entity Name <b>A WORD FOR DAILY LIVING MINISTRIES, INC.</b>	
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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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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-NP CR2E037 (4/06)

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**

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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 reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000726100 05/03/07-80049-008 61.25</b>
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 **4-20-07 850 478-6402**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #