


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90111 050 ****61.25

DOCUMENT # N02000004227	
1. Entity Name WORD ALIVE MINISTRIES LEARNING ENRICHMENT CENTER, INC.	

Principal Place of Business 1020 NORTH KENTUCKY AVENUE LAKELAND, FL 33805	Mailing Address 1020 NORTH KENTUCKY AVENUE LAKELAND, FL 33805
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3518618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SOLOMON, BARBARA
302 E. MEMORIAL BLVD
LAKELAND, FL 33805**

**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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PICKETT, EDGAR T III 302 EAST MEMORIAL BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, BARBARA 302 EAST MEMORIAL BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCKINLEY, SHERYL 302 EAST MEMORIAL BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 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: *Barbara Solomon* **Barbara Solomon** 6/28/05 - (863) 862-9673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #