


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90115 044 ****61.25

DOCUMENT # N02000008062	
1. Entity Name THE WORD OF RECONCILIATION CHURCH CORPORATION	

Principal Place of Business 4805 E. SLIGH AVENUE TAMPA FL 33610	Mailing Address 315 SAVANNAH OAKS PLACE SEFFNER FL 33584
--	---

2. Principal Place of Business 11310 N. 30th St. Suite, Apt. #, etc.	3. Mailing Address 315 Savannah Oaks Place. Suite, Apt. #, etc.
---	--

City & State Tampa, FL 33612	City & State Seffner, FL 33584
Zip 33612	Country Hillsborough



1st MOORE CR2E037 (10/04)

4. FEI Number 81-0576716	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 FIELDS, RONALD E 2005 E. CLIFTON STREET TAMPA FL 33610	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME FIELDS, RONALD E STREET ADDRESS 2005 E. CLIFTON STREET CITY-ST-ZIP TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE TD	NAME GLENN, BETTY J STREET ADDRESS 4415 ATWATER DRIVE CITY-ST-ZIP TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE SD	NAME FIELDS, EDWINA E STREET ADDRESS 2005 E. CLIFTON STREET CITY-ST-ZIP TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ronald E. Fields 5/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #