

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90326 016 \*\*\*\*61.25

<b>DOCUMENT # N04000000715</b> 1. Entity Name <b>THE WORD MADE FLESH, INC.</b>			
Principal Place of Business <b>1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953</b>		Mailing Address <b>1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953</b>	
2. Principal Place of Business <b>1834 SW MORELTA</b>		3. Mailing Address <b>1834 SW MORELTA</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>PORT ST LUCIE, FL</b>		City & State <b>PORT ST LUCIE, FL</b>	
Zip <b>34953</b>		Zip <b>34953</b>	
Country 		Country 	
4. FEI Number <b>20-0650905</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>TAYLOR, MAXINE 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1834 SW MORELTA</b> City <b>PORT ST LUCIE</b> <b>FL</b> Zip Code <b>34953</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REDIC, BENJAMIN</b> <b>349 EASTPORT CIRCLE</b> <b>PORT ST. LUCIE, FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TAYLOR, MAXINE</b> <b>1781 SW ALEGRE STREET</b> <b>PORT ST. LUCIE, FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>01ST MAXINE TAYLOR 1834 SW MORELTA PORT ST LUCIE, FL 34953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TAYLOR, DERRICK</b> <b>1781 SW ALEGRE STREET</b> <b>PORT ST. LUCIE, FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>01P DERRICK TAYLOR 1834 SW MORELTA PORT ST LUCIE, FL 34953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>0 MARY-JONES 5669 SE 4 AVENUE STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>0 ALTHEA STONDE MERF 4665 NE SAVANNAH RD Jensen Beach, FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.			
<b>SIGNATURE:</b>		maxine Taylor SECRETARY/TREASURER 4/17/05 3505482	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	