

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

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90275 008 \*\*\*\*69.25

**N04000000715**

THE WORD MADE FLESH, INC.

1834 SW MORELIA  
PORT ST. LUCIE, FL 34953

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PORT ST. LUCIE, FL 34953

**40078069**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02012007

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
**20-0650905**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TAYLOR, MAXINE  
1834 SW MORELIA  
PORT ST. LUCIE, FL 34953

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. **FL** 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, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

D REDIC, BENJAMIN 349 EASTPORT CIRCLE PORT ST. LUCIE, FL 34953	<input type="checkbox"/>
DST TAYLOR, MAXINE 1834 SW MORELIA PORT ST. LUCIE, FL 34953	<input type="checkbox"/>
D TAYLOR, DERRICK 1834 MORELIA PORT ST. LUCIE, FL 34953	<input type="checkbox"/>
D JONES, MARY 5669 SE 4TH AVENUE STUART, FL 34997	<input type="checkbox"/>
D STOUDEMERE, ALTHEA 4665 NE SAVANNAH RD JENSEN BEACH, FL 34957	<input type="checkbox"/>
	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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: Maxine Taylor, President Date: 4/15/07 Daytime Phone #: (772) 361-3774