2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N04574

Entity Name: HONEYWORD FOUNDATION, INC.

Current Principal Place of Business:

34134 A-NICE-PLACE
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

BOX 939
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 59-2447387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOPER, EMMETT
34134 A-NICE-PLACE
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VST ( ) Delete
Name: COOPER, LEA M.,
Address: 34134 A-NICE -PLACE
City-St-Zip: DADE CITY, FL 33523

Title: CPDC ( ) Delete
Name: COOPER, EMMETT A.,
Address: 34134 A-NICE-PLACE
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete
Name: HARPER, JIM
Address: 2581 ORCHARD KNOB DRIVE
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete
Name: HILL, TOM
Address: 46 ALSACE COURT
City-St-Zip: LITTLE ROCK, AR 72211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMETT COOPER PRES 05/03/2006

Electronic Signature of Signing Officer or Director — Date