2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04574

Entity Name: HONEYWORD FOUNDATION, INC.

FILED Jan 23, 2007 Secretary of State

34134 A-NICE-PLACE 251 HERITAGE BOULEVARD DADE CITY, FL 33523 US FORT MILL, SC 29715 US

Current Mailing Address: New Mailing Address:

BOX 939 BOX 339

SAN ANTONIO, FL 33576 US PINEVILLE, SC 28134 US

FEI Number: 59-2447387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COOPER, EMMETT COOPER
34134 A-NICE-PLACE 251 HERITAGE BOULEVARD
DADE CITY, FL 33523 US FORT MILL, FL 29715 US

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: DR. EMMETT COOPER 01/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VST
 () Delete
 Title:
 VST
 (X) Change () Addition

 Name:
 COOPER, LEA M.,
 Name:
 COOPER, LEA M.,

 Address:
 34134 A-NICE - PLACE
 Address:
 251 HERITAGE BOULEVARD

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:
 FORT MILL, SC 29715

Title: CPDC () Delete Title: CPDC (X) Change () Addition Name: COOPER, EMMETT A., Name: DR. EMMETT COOPER, Address: 34134 A-NICE-PLACE Address: 251 HERITAGE BOULEVARD City-St-Zip: DADE CITY, FL 33523 City-St-Zip: FORT MILL, SC 29715

Title: D () Delete Title: () Change () Addition

 Name:
 HARPER, JIM
 Name:

 Address:
 2581 ORCHARD KNOB DRIVE
 Address:

 City-St-Zip:
 ATLANTA, GA 30339
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HILL, TOM
 Name:

 Address:
 46 ALSACE COURT
 Address:

 City-St-Zip:
 LITTLE ROCK, AR 72211
 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 DR. 01/23/2007