

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005949

FILED
Apr 30, 2009
Secretary of State

Entity Name: WORD KEEPERS OF CLERMONT FLORIDA INC.

Current Principal Place of Business:

13812 VIA ROMA CIR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

13812 VIA ROMA CIR
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-4593991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPEWELL, MICHAEL
13812 VIA ROMA CIR
CLERMONT, FL 34711 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: P () Delete
Name: HOPEWELL, MICHAEL
Address: 13812 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: HOPEWELL, CHRISTINE
Address: 13812 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

Title: TRE () Delete
Name: HOPEWELL, ALANA
Address: 13812 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

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:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL HOPEWELL

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date