

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

DOCUMENT # N06000009689

1. Entity Name
THE TREASURED WORD, INC.



Principal Place of Business
**6927 MILLESTONE DR.
NEW PORT RICHEY, FL 34655**

Mailing Address
**6927 MILLESTONE DR.
NEW PORT RICHEY, FL 34655**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0112007 Chg-NP CR2E037 (12/06)

4. FEI Number

20-5412233

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DISKEY, MARY
6927 MILLESTONE DR.
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DISKEY, MARY
6927 MILLESTONE DR.
NEW PORT RICHEY, FL 34655** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRAVERMAN, GAIL
7255 LAKE MAGNOLIA DR.
NEW PORT RICHEY, FL 34653** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRATZ, LAWSANN
109 PICCOLO WAY
DAVENPORT, FL 33896** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAKER, REBECCA
9150 REMINGTON DR.
NEW PORT RICHEY, FL 34655** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIACOBBE, DONNA
7255 LAKE MAGNOLIA DR.
NEW PORT RICHEY, FL 34653** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DISKEY, MARY
6927 MILLESTONE DR
NEW PORT RICHEY, FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BRAVERMAN, GAIL
7255 LAKE MAGNOLIA DR
NEW PORT RICHEY, FL 34653** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
KRATZ, LAWSANN
109 PICCOLO WAY
DAVENPORT, FL 33896** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MIZELL, CHERYL
1559 CHUKAR RIDGE
PALM HARBOR, FL 34683** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #