

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009689

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: THE TREASURED WORD, INC.

## Current Principal Place of Business:

6927 MILLESTONE DR.  
NEW PORT RICHEY, FL 34655

## New Principal Place of Business:

6927 MILLSTONE DR.  
NEW PORT RICHEY, FL 34655

## Current Mailing Address:

6927 MILLESTONE DR.  
NEW PORT RICHEY, FL 34655

## New Mailing Address:

6927 MILLSTONE DR.  
NEW PORT RICHEY, FL 34655

FEI Number: 20-5412233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DISKEY, MARY  
6927 MILLSTONE DR.  
NEW PORT RICHEY, FL 34655 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:

04/11/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DISKEY, MARY  
Address: 6927 MILLESTONE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS ( ) Delete  
Name: BRAVERMAN, GAIL  
Address: 7255 LAKE MAGNOLIA DR.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DV ( ) Delete  
Name: KRATZ, LAWSANN  
Address: 109 PICCOLO WAY  
City-St-Zip: DAVENPORT, FL 33896

Title: D ( ) Delete  
Name: BAKER, REBECCA  
Address: 9150 REMINGTON DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: GIACOBBE, DONNA  
Address: 7255 LAKE MAGNOLIA DR.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete  
Name: MIZELL, CHERYL  
Address: 1559 CHUKAR RIDGE  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DISKEY, MARY  
Address: 6927 MILLSTONE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

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:

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: MARY DISKEY

DP

04/11/2008

Electronic Signature of Signing Officer or Director

Date