2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N06000009689

Entity Name: THE TREASURED WORD, INC.

Current Principal Place of Business:

6927 MILLSTONE DR.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

6927 MILLSTONE DR.
NEW PORT RICHEY, FL 34655

New Mailing Address:

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 MILLSTONE DR.
NEW PORT RICHEY, FL 34655 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:	DP	( ) Delete
Name:	DISKEY, MARY	
Address:	6927 MILLSTONE 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:	( ) 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:	
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 03/23/2009
Electronic Signature of Signing Officer or Director — Date