

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001394

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** JOURNEY OF THE WORD CHURCH INC.

**Current Principal Place of Business:**

4901 SW CR 241  
LAKE BUTLER, FL 32054 US

**New Principal Place of Business:**

3301 NW 27TH TERRACE  
GAINESVILLE, FL 32605 US

**Current Mailing Address:**

3301 NW 27TH TERRACE  
GAINESVILLE, FL 326055 US

**New Mailing Address:**

**FEI Number:** 26-4225865      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BURROUGHS, WILLIAM F  
3301 NW 27TH TERRACE  
GAINESVILLE, FL 32605 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  
**Name:** BURROUGHS, WILLIAM F  
**Address:** 3301 NW 27TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605 US

**Title:** VP  
**Name:** DONOVAN, SUAN  
**Address:** 29311 NW CR 241  
**City-St-Zip:** BLAND, FL 32615 US

**Title:** TR  
**Name:** BURROUGHS, ROXANNE I  
**Address:** 3301 NW 27TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605 US

**Title:** CLK  
**Name:** BURROUGHS, ROXANNE I  
**Address:** 3301 NW 27TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605 US

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM F BURROUGHS

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date