

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-10-2001 90158 018 *****61.25

DOCUMENT # N39944

1. Entity Name

THE WORD FOUNDATION, INC.

Principal Place of Business

215 N. EOLA DRIVE
 ORLANDO FL 32801

Mailing Address

215 N. EOLA DRIVE
 ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3032408**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LORAN A.
 215 N. EOLA DR.
 ORLANDO FL 32801

Name **JAMES J. HOCTOR**

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

215 NORTH EOLA DRIVE

City **ORLANDO**

FL

Zip Code **32801**

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.

SIGNATURE

James J. Hoctor
JAMES J. HOCTOR

5/1/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LORAN A.	
STREET ADDRESS	1745 LAKE BERRY DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SHERRIE K.	
STREET ADDRESS	1745 LAKE BERRY DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, STACEY	
STREET ADDRESS	1745 LAKE BERRY DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LORAN A.	
STREET ADDRESS	P.O. BOX 26	
CITY-ST-ZIP	WINTER PARK, FL 32790-0026	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aguila, Lanie J	
STREET ADDRESS	10177 Lexington Lakes Blvd N.	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STACEY	
STREET ADDRESS	1011 WEST HORATIO STREET, UNIT D	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.

SIGNATURE:

5/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORAN A. JOHNSON, PRESIDENT

Date

Daytime Phone #

CR2E037 (10/00)