

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39944

FILED  
May 13, 2007  
Secretary of State

**Entity Name:** THE WORD FOUNDATION, INC.

**Current Principal Place of Business:**

215 N. EOLA DRIVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

215 N. EOLA DRIVE  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-3032408      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOCTOR, JAMES J  
215 N. EOLA DR.  
ORLANDO, FL 32801      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: DPS      ( ) Delete  
Name: JOHNSON, LORAN A  
Address: 2381 SW ISLAND CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990 US

Title: DT      ( ) Delete  
Name: LAX, STACEY J  
Address: 2502 W SUNSET DRIVE  
City-St-Zip: TAMPA, FL 33629 US

Title: D      ( ) Delete  
Name: JOHNSON, LORAN A JR.  
Address: 2310 PARHAM DRIVE  
City-St-Zip: WILMINGTON, NC 28403 US

**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:

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: LORAN A. JOHNSON

MR.

05/13/2007

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

\_\_\_\_\_  
Date