

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004965

FILED
Apr 30, 2004
Secretary of State

Entity Name: WORD ALIVE CHURCH, INC., INTERNATIONAL

Current Principal Place of Business:

1024 S 78TH STREET
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

PO BOX 89037
TAMPA, FL 336890400

New Mailing Address:

FEI Number: 59-3199158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CODY, CHARLES A
8040 DEERWOOD CIRCLE
TAMPA, FL 33610 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: PD () Delete
Name: CODY, CHARLES A.,
Address: 8040 DEERWOOD CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: VPD () Delete
Name: CODY, SYLVIA A.,
Address: 8040 DEERWOOD CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: GIRARD, MAE
Address: 513 TUSCANNY PARK LOOP
City-St-Zip: BRANDON, FL 33511

Title: S (X) Delete
Name: WALKER, BERYL
Address: 764 ISELETON DR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REGESTER,, ROBERT
Address: BARNHOUSE PL.
City-St-Zip: VALRICO, FL 33591

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES A. CODY

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date