2007 NOT-FOR-PROFIT CORPORATION

Jan 24, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N95000005416 01-24-2007 90017 034 ****61.25 WORD ALIVE MINISTRIES, INC. Principal Place of Business Mailing Address 302 E MEMORIAL BV 302 E MEMORIAL BV LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01182007 Cha-NP CR2E037 (12/06) 4. FEI Number 59-3358028 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICKETT, EDGAR T III Street Address (P.O. Box Number is Not Acceptable) 1110 LAKESHORE LAKELAND, FL 33805 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete Change ☐ Addition TITLE PICKETT, EDGAR T III NAME NAME P.O. Box 91540 Lakeland FL 33804-1540 1110 LAKESHORE DR STREET ADDRESS STREET ADDRESS LAKELAND, FL 33805 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change ☐ Addition SMITH, GERALD NAME NAME **1114 VERA CT** STREET ADDRESS STREET ADDRESS HIGH POINT, NC 27262 CITY-ST-ZIP CITY-ST-7P Change ☐ Addition Delete TITLE TITLE MCKINLEY, SHERYL NAME 944 HICKS ROAD STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attagning

STREET ADDRESS

CITY-ST-7/P

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

ER OR DIRECTOR

FILED