

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001079

FILED
Apr 18, 2006
Secretary of State

Entity Name: HIGHLANDS WORD OF FAITH, INC.

Current Principal Place of Business:

5215 MARTINIQUE DR.
HIGHLAND CITY, FL 33813 US

New Principal Place of Business:

5422 OAKFORD DR.
LAKELAND, FL 33813 US

Current Mailing Address:

PO BOX 478
HIGHLAND CITY, FL 338460478

New Mailing Address:

PO BOX 478
HIGHLAND CITY, FL 338460478 US

FEI Number: 59-3430532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KESTNER, PATRICIA E PD
5215 MARTINIQUE DR.
HIGHLAND CITY, FL 33813 US

Name and Address of New Registered Agent:

KESTNER, PATRICIA E PD
5422 OAKFORD DR.
LAKELAND, FL 33813 US

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:

04/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KESTNER, PATRICIA E PASTOR
Address: 5215 MARTINIQUE DR.
City-St-Zip: HIGHLAND CITY, FL 33813

Title: VD () Delete
Name: KESTNER, DEL L VD
Address: 5215 MARTINIQUE DR.
City-St-Zip: HIGHLAND CITY, FL 33813

Title: T () Delete
Name: KISTNER, SAMUEL J TRUSTEE
Address: 3315 CITRUS DR.
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KESTNER, PATRICIA E PASTOR
Address: 5422 OAKFORD DR.
City-St-Zip: LAKELAND, FL 33813

Title: VD (X) Change () Addition
Name: KESTNER, DEL L VD
Address: 5422 OAKFORD DR.
City-St-Zip: LAKELAND, FL 33813

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 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: PAT KESTNER

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date