
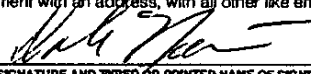


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90123 001 ****61.25

DOCUMENT # N97000002391					
1. Entity Name WORD ALIVE CHURCH, INC.					
Principal Place of Business 11239 STATE ROAD 51 LIVE OAK, FL 32060 US			Mailing Address 11239 STATE RD 51 LIVE OAK, FL 32060		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NAIMAN, DALE 153 NE NORTHWOOD DR. MAYO, FL 32066				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAIMAN, DALE		NAME		
STREET ADDRESS	RT 3 BOX 798		STREET ADDRESS	152 SW Broadleaf CT	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAIMAN, CONNIE		NAME		
STREET ADDRESS	RT 3 BOX 798		STREET ADDRESS	152 SW Broadleaf CT	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLEMING, KATHLYN		NAME		
STREET ADDRESS	1234 IRONWOOD		STREET ADDRESS		
CITY-ST-ZIP	BROKEN ARROW, OK 74013		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.					
SIGNATURE: 		DALE NAIMAN		4/4/5 386-362-2092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50034137



04042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3445651

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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STREET ADDRESS		
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TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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SIGNATURE:  DALE NAIMAN 4/4/5 386-362-2092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #