


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90424 025 ****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
 Suite, Apt. #, etc.

3. Mailing Address
182 SW Broadleaf Ct
 Suite, Apt. #, etc.

04222006 Chg-NP CR2E037 (11/05)

City & State
LAKE CITY FL

Zip
32024

Country
Columbia

4. FEI Number
59-3445651

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**NAIMAN, DALE
 153 NE NORTHWOOD DR.
 MAYO, FL 32066**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
182 SW BROADLEAF CT

City
LAKE CITY **FL** Zip Code
32024

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 *Dale Naiman* *Dale Naiman* 11/27/2006

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
 Due by May 1, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NAIMAN, DALE	
STREET ADDRESS	182 SW BROADLOAF CT	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAIMAN, CONNIE	
STREET ADDRESS	182 SW BROADLOAF CT	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, KATHLYN	
STREET ADDRESS	1234 IRONWOOD	
CITY-ST-ZIP	BROKEN ARROW, OK 74013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE: *Dale Naiman* DALE NAIMAN 4/27/2006 386-752-2020

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