

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000488

FILED
Feb 07, 2009
Secretary of State

Entity Name: WORD CENTERED FELLOWSHIP, INC.

Current Principal Place of Business:

3270 BATTEN ROAD
BLDG A
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14221
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 59-3496745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, PATRICK T
3270 BATTEN ROAD
BROOKSVILLE, FL 34602 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: D () Delete
Name: POWELL, PATRICK T
Address: 3470 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: D () Delete
Name: RACE, EDNA D
Address: 1526 PINEWOOD ST
City-St-Zip: CLEARWATER, FL 33755

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: LOVERING, JUANITA
Address: 3229 LAURAL DALE DR.
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK POWELL

D

02/07/2009

Electronic Signature of Signing Officer or Director

Date