

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90358 043 ****61.25

60029582



03092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N98000003742 1. Entity Name THE WORD CHRISTIAN CENTER, INC.					
Principal Place of Business POST OFFICE BOX 390535 DELTONA, FL 32739-0535			Mailing Address POST OFFICE BOX 390535 DELTONA, FL 32739-0535		
2. Principal Place of Business 2025 Redgate Ln Suite, Apt. #, etc.		3. Mailing Address 2025 Redgate Ln Suite, Apt. #, etc.			
City & State Deltona, FL		City & State Deltona, FL		4. FEI Number 59-3521288	
Zip 32738		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALSTEAD, ALICIA S 2025 REDGATE LANE DELTONA, FL 32738			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PDT HALSTEAD, ALICIA S <input type="checkbox"/> Delete 2025 REDGATE LN DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HALSTEAD, KENNETH III <input type="checkbox"/> Delete 121 A LULLWATER DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT/TTRD HALSTEAD, KENNETH III <input type="checkbox"/> Change <input type="checkbox"/> Addition 2474 Baffin DELTONA, FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTRD JONES, LOUVENIA D <input checked="" type="checkbox"/> Delete 2728 NEWMARK DR DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIKKI HALSTEAD SD <input type="checkbox"/> Change <input type="checkbox"/> Addition 6780 HARRISON AVE #74 CINCINNATI, OH 45247	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REIFINGER, MELISSA <input checked="" type="checkbox"/> Delete 29 BOUGANVILLE DR. DEBARY, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Dr. Alicia S. Halstead</u> DR. Alicia S. Halstead <u>4/19/06</u> <u>(386) 532-8465</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					