2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N98000003742

Entity Name: THE WORD CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2025 REDGATE LANE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

2025 REDGATE LANE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-3521288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALSTEAD, ALICIA S
2025 REDGATE LANE
DELTONA, FL 32738 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: PDT ( ) Delete
Name: HALSTEAD, ALICIA S
Address: 2025 REDGATE LN
City-St-Zip: DELTONA, FL 32738

Title: VDT ( ) Delete
Name: HALSTEAD, KENNETH III
Address: 2474 BUFFIN
City-St-Zip: DELTONA, FL 32738

Title: SD ( ) Delete
Name: HALSTERN, NIKKI
Address: 6780 HARRISON AVE., #74
City-St-Zip: CINCINNATI, OH 45247

Title: TTRD ( ) Delete
Name: HALSTEAD, KENNETH III
Address: 2474 BUFFIN
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: HALSTEAD, NIKKI
Address: 6780 HARRISON AVE., #74
City-St-Zip: CINCINNATI, OH 45247

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

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: ALICIA S HALSTEAD PDT 04/27/2007

Electronic Signature of Signing Officer or Director — Date