

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90011 044 ****61.25

DOCUMENT # N03000002328

1. Entity Name

LIVING WORD CHRISTIAN CENTER INTERNATIONAL, INC.



Principal Place of Business

14801 S. RIVER DRIVE
MIAMI FL 33167

Mailing Address

14801 S. RIVER DRIVE
MIAMI FL 33167

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

51-0502756

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELTON, WILLIE J JR.
14801 S. RIVER DRIVE
MIAMI FL 33167

7. Name and Address of New Registered Agent

Name: PATRICIA FRANKLIN
Street Address (P.O. Box Number is Not Acceptable):
615 NW 3 CT
HALLANDALE FL.
City: HALLANDALE FL.

FL Zip Code 33009

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 reinstating)

4/5/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	FELTON, WILLIE J JR.	
STREET ADDRESS	14801 S. RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELTON, KAREN S	
STREET ADDRESS	14801 S. RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, PATRICIA	
STREET ADDRESS	615 NW 3 COURT	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, KAREN	
STREET ADDRESS	2933 NW 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHBURG, JOHN	
STREET ADDRESS	1045 NW 117TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAKEFIELD, HARVEY	
STREET ADDRESS	880 COTTON BAY DRIVE EAST, #2304	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 305-681-8818

DATE

Daytime Phone #