
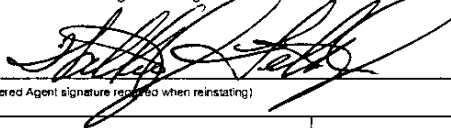



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90197 014 ****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 3160 S. UNIVERSITY DR. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 680686 Suite, Apt. #, etc.	
City & State MIRAMAR FL.		City & State MIAMI FL.	
4. FET Number 51-0502756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, PATRICIA 615 NE 3 CT HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name: WILLIE J. FELTON JR Street Address (P.O. Box Number is Not Acceptable): 3160 S. UNIVERSITY DR City: MIRAMAR FL Zip Code: 33025	
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: WILLIE J. FELTON JR - PD -  DATE: 4-28-05 <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, 2005		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: D NAME: FELTON, WILLIE J JR. STREET ADDRESS: 14801 S. RIVER DRIVE CITY-ST-ZIP: MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE: P.D. NAME: WILLIE J. FELTON JR STREET ADDRESS: 14801 S. RIVER DR CITY-ST-ZIP: MIAMI, FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FELTON, KAREN S STREET ADDRESS: 14801 S. RIVER DRIVE CITY-ST-ZIP: MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE: V.D. NAME: KAREN S. FELTON STREET ADDRESS: 14801 S. RIVER DR CITY-ST-ZIP: MIAMI, FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FRANKLIN, PATRICIA STREET ADDRESS: 615 NW 3 COURT CITY-ST-ZIP: HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE: S.D. NAME: PATRICIA FRANKLIN STREET ADDRESS: 615 NW 3 COURT CITY-ST-ZIP: HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RICHBURG, JOHN STREET ADDRESS: 1045 NW 117TH STREET CITY-ST-ZIP: MIAMI, FL 33168	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WAKEFIELD, HARVEY STREET ADDRESS: 880 COTTON BAY DRIVE EAST, #2304 CITY-ST-ZIP: WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete	TITLE: D NAME: HARVEY WAKEFIELD STREET ADDRESS: 4230 BEAR LAKE CT. #105 CITY-ST-ZIP: WEST PALM BEACH, FL 33409	<input checked="" 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 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 live empowered.			
SIGNATURE:  WILLIE J. FELTON JR		Date: 4-28-05 / 305-681-8818	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	