

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N05000009374

**Entity Name:** LIVING WORD MINISTRIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

7363 PROSPERITY PRK, RD. N.  
JACKSONVILLE, FL 32214

**New Principal Place of Business:**

5611 TIMUQUANA RD.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

7363 PROSPERITY PRK, RD. N.  
JACKSONVILLE, FL 32214

**New Mailing Address:**

FEI Number: 06-1758249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUTCHINSON, NATHEN  
8324 ROCKY CREEK DR  
JACKSONVILLE, FL FL32244 US

**Name and Address of New Registered Agent:**

HUTCHINSON, NATHEA  
8324 ROCKY CREEK DR  
JACKSONVILLE, FL FL32244 US

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: NATHEA HUTCHINSON      04/06/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WATTS, MILDRED PASTOR  
Address: 7363 PROSPERITY PRK, RD. N.  
City-St-Zip: JACKSONVILLE, FL 32214

Title: D      ( ) Delete  
Name: WATTS, ANANIAS TRUSTEE  
Address: 7363 PROSPERITY PRK, RD. N.  
City-St-Zip: JACKSONVILLE, FL 32214

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MILDRED WATTS      D      04/06/2009  
Electronic Signature of Signing Officer or Director      Date