

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2004
Secretary of State**

DOCUMENT# N93000004542

Entity Name: LIVING FAITH MINISTRY, INC.

Current Principal Place of Business:

111 WALDO ST
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 152
GROVELAND, FL 34736 US

New Mailing Address:

FEI Number: 65-0409152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ESTHER
2712 SEMINOLE TR
LEESBURG, FL 34748

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: PD () Delete
Name: RODRIGUEZ, BENITO
Address: 2712 SEMINOLE TR
City-St-Zip: LEESBURG, FL 34748

Title: STD () Delete
Name: RODRIGUEZ, ESTHER
Address: 2712 SEMINOLE TR
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: STOVER, MICHAEL
Address: 111 WALDO ST
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: ESTHER RODRIGUEZ

STD

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date