

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004542

FILED  
May 13, 2009  
Secretary of State

Entity Name: LIVING FAITH MINISTRY, INC.

## Current Principal Place of Business:

2 BROOK RD.  
OCALA, FL 34472 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 786  
BELLEVIEW, FL 34420 US

## New Mailing Address:

2 BROOK RD.  
OCALA, FL 34472 US

FEI Number: 65-0409152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

RODRIGUEZ, ESTHER  
2 BROOK RD.  
OCALA, FL 34472 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: PD ( ) Delete  
Name: RODRIGUEZ, BENITO  
Address: 2 BROOK RD  
City-St-Zip: Ocala, FL 34472

Title: STD ( ) Delete  
Name: RODRIGUEZ, ESTHER  
Address: 2 BROOK RD  
City-St-Zip: Ocala, FL 34472

Title: T ( ) Delete  
Name: STOVER, MICHAEL  
Address: 723 PERKINS ST  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: STOVER, MICHAEL  
Address: PO BOX 122  
City-St-Zip: GROVE CITY, OH 43123

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: ESTHER RODRIGUEZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

STD

05/13/2009

\_\_\_\_\_ Date