

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009374

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

**Current Principal Place of Business:**

6859 LENOX AVE.,,  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

6859 LENOX AVE.,,  
JACKSONVILLE, FL 32205 US

**FEI Number: 06-1758249**

**Certificate of Status Desired: Yes**

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

MATTHEWS, GAIL MRS  
1617 SADDLE BROOK LANE  
JACKSONVILLE, FL 32221 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: GAIL MATTHEWS**

**03/12/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name WATTS, MILDRED PASTOR  
Address 7363 PROSPERITY PRK, RD. N.  
City-State-Zip: JACKSONVILLE FL 32214

Title TRUSTEE  
Name BUCHANAN, KENNETH NEIL DEACON  
Address 528 BRIGHTON PRK LN  
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE  
Name SMITH, EMILY CHURCH MOTHER  
Address 6734 103RD ST  
APT # 341  
City-State-Zip: JACKSONVILLE FL 32210

Title CO-PASTOR  
Name TOWLES, RANDY  
Address 8122 GOLDEN BAMBOO DR  
City-State-Zip: JAX FL 32219

Title ADMINISTRATOR  
Name BUCHANAN, ZIANNA  
Address 5288 BRIGHTON PARK LN  
City-State-Zip: JAX FL 32244

*I hereby 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 all other like empowered.*

**SIGNATURE: MILDRED WATTS**

**CEO/PASTOR**

**03/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date