

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009374

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**1003129075CC**

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

**Current Principal Place of Business:**

5927 OLD TIMUQUANA RD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

7363 PROSPERITY PRK RD N  
JACKSONVILLE, FL 32244 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**

**02/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO/PASTOR  
Name WATTS, MILDRED WALKER PASTOR  
Address 7363 PROSPERITY PARK ROAD  
NORTH  
City-State-Zip: JACKSONVILLE FL 32244

Title TRUSTEE  
Name BUCHANAN, KENNETH NEIL  
MINISTER  
Address 3243 ROGERS AVE  
City-State-Zip: JACKSONVILLE FL 32208

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

Title ADMINISTRATOR  
Name BUCHANAN, ZIANNA  
Address 3243 ROGERS RD  
City-State-Zip: JAX FL 32208

*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**

**02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date