

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009374

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

**Current Principal Place of Business:**

3047 PLYMOUTH ST.  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

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

**FEI Number: 06-1758249**

**Certificate of Status Desired: No**

**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**

**01/15/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TRUSTEE  
Name DUNNING, EARNEST L  
Address 6431 SILK LEAF DR  
City-State-Zip: JACKSONVILLE FL 32244

Title TRUSTEE  
Name RHODES, FREDDIE  
Address 7250 EUDINE DR, N.  
City-State-Zip: JACKSONVILLE FL 32210

Title CHURCH ADMINISTRATOR  
Name WILLIAMS, DE ANGELA K  
Address 4836 ATLANTIC BLVD  
APT # 115  
City-State-Zip: JACKSONVILLE FL 32207

Title TRUSTEE  
Name TOWLES, RANDY  
Address 11670 DEEP SPRING DR., W  
City-State-Zip: JACKSONVILLE FL 32219

*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**

**PASTOR**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date