

**2018 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:**

P.O. BOX 14027  
JACKSONVILLE, FL 32244

**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

03/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title T  
Name DUNNING, EARNEST L  
Address P.O. BOX 14027  
City-State-Zip: JACKSONVILLE FL 32244

Title S  
Name MATTEWS, GAIL  
Address P.O. BOX 14027  
City-State-Zip: JACKSONVILLE 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

PASTOR

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date