2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 04, 2008 08:00 Al **DOCUMENT # 704663** 1. Entity Name Secretary of State THE LIVING WORD OF FAITH FELLOWSHIP, INC. Principal Place of Business Mailing Address 3515 T. STREET P.O. BOX 35308 PANAMA CITY FL 32404 PANAMA FL 32412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-6205643 Not Applicable Zιρ Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HADDOCK, ELTON H REV. Street Address (P.O. Box Number is Not Acceptable) 2810 PIONEER RD. VERNON FL 32462 City Zip Code 8. The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE 🕰 Signature, typodicz printed name of registered agent and the if appropria (NOTE: Registered Agen signadi re sod vred wenn roinstatino) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition HADDOCK, ELTON H REV. NAME NAME 2810 PIONEER ROAD STREET ADDRESS STREET ADDRESS VERNON FL 32462 CITY-ST-ZIP CITY ST-ZiP U00000815741 □ Change TITLE ☐ Delote TITLE Addition HARMS, R. MARIE REV. 02/14/08-80021-019 70.00 NAME NAME 21777 SOUTH COUNTY ROAD 38 STREET ADDRESS STREET ADDRESS SUMMERDALE AL 36580 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addit:on MARTIN, THOMAS P REV NAME NAME 3752 LINGO RD STREET ADDRESS STREET ADDRESS DOTHAN AL 36303 CITY- ST-ZIP CITY-ST-Z-P CITLE ☐ Delete TILE ☐ Change ne:tibbA 🔲 NAME LUKER, IRA W NAME 5745 CHUMUCKLA HIGHWAY STREET ADDRESS STREET ADDRESS PACE FL 32571 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JACKSON, DONNIE REV NAME NAME 1412 ALABAMA AVE STREET AUDRESS STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition HICK, ROBERT A NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made uncler 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZiP

mes Rev. Donnie B. Jackson

PO BOX 680027

PRATTVILLE AL 36068

STREET ADDRESS

CITY-ST-ZIP