


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90095 050 ****61.25

| | |
|---|---|
| DOCUMENT # 718287 |  |
| 1. Entity Name LIVING WORD CHURCH OF WEST PASCO, INC. | |

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|---|---|
| Principal Place of Business 5151 ROWAN ROAD NEW PORT RICHEY FL 34653 US | Mailing Address 5151 ROWAN ROAD NEW PORT RICHEY FL 34653 US |
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|--|--|
| 2. Principal Place of Business Same as above | 3. Mailing Address Same as above |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

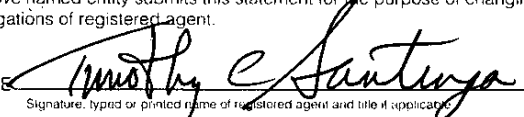
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E037 (10/05)

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|--|--|---|
| 4. FEI Number 59-1461065 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent SANTINGA, TIMOTHY C 5151 ROWAN ROAD NEW PORT RICHEY FL 34653 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/27/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SANTINGA, TIMOTHY C. 3413 RICHBORO DRIVE HOLIDAY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KIEFER, JIM 4128 SALEM SW PKWY PALM HARBOR FL 34685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROHOMO, JACK 2559 WESTBROOK LN CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deacon Chairman Charles Black 8011 Greenside Ln Hudson, FL 34667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, RON 8003 CEDAR CREEK DR. NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deacon Rick Halter 11300 Possum Trail P.R. 78 34668 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARR, KEN 6929 RIVER ROAD NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SC SPRAQUE, DICK 7125 CUTTY STARK PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deacon Brian Farmerie 17822 East Rd. Hudson, FL 34677 |

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: