

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718287

FILED
Jan 05, 2007
Secretary of State

Entity Name: LIVING WORD CHURCH OF WEST PASCO, INC.

Current Principal Place of Business:

5151 ROWAN ROAD
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

5151 ROWAN ROAD
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 59-1461065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTINGA, TIMOTHY C
5151 ROWAN ROAD
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTINGA, TIMOTHY C.,
Address: 3413 RICHBORO DRIVE
City-St-Zip: HOLIDAY, FL

Title: VP () Delete
Name: KIEFER, JIM
Address: 4128 SALEM SW PKWY
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: BLACK, CHARLES
Address: 8011 GREENSIDE LN
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: HALTER, RICK
Address: 11300 POSSOM TRL
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: PARR, KEN
Address: 6929 RIVER ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: FARMERIE, BRIAN
Address: 17822 EAST RD
City-St-Zip: HUDSON, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAMBRECHT, FRED
Address: 8305 NATIONAL DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY C. SANTINGA

PA

01/05/2007

Electronic Signature of Signing Officer or Director

Date