


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

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90018 044 ****61.25

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|---|---|
| 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 - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|---------------------------------|---------------------------------|
| City & State Zip Country | City & State Zip Country |
|---------------------------------|---------------------------------|

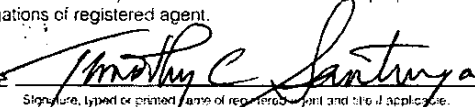
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| 4. FEI Number 59-1461065 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |



1st MOORE CR2E037 (10/07)

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| 6. Name and Address of Current Registered Agent SANTINGA, TIMOTHY C 5151 ROWAN ROAD NEW PORT RICHEY FL 34653 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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 |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| PD SANTINGA, TIMOTHY C. 3413 RICHBORO DRIVE HOLIDAY FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| VP KIEFER, JIM 4128 SALEM SW PKWY PALM HARBOR FL 34685 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| D BLACK, CHARLES 8011 GREENSIDE LN HUDSON FL 34667 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D LAMBRECHT, FRED 8305 NATIONAL DR. PORT RICHEY FL 34668 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D PARR, KEN 6929 RIVER ROAD NEW PORT RICHEY FL 34652 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| D FARMERIE, BRIAN 17822 EAST RD HUDSON FL 34677 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VP Jeff Acker 5841 Berkford Dr. Holiday, FL 34690 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D Jim Zabetka 11839 Smith Blvd. Hudson, FL 34667 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D Rick Downes 7133 Woodibis Dr. N.P.R. FL 34654 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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| 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. | |
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| SIGNATURE:  | DATE | DAYTIME PHONE # |
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