

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718287

FILED
May 01, 2009
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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: ACKER, JEFF
Address: 5841 BERKFORD DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: ZABETKA, JIM
Address: 11839 SMITH BLVD
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: LAMBRECHT, FRED
Address: 8305 NATIONAL DR.
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: DOWNES, RICK
Address: 7133 WOODIBIS DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANTINGA, TIMOTHY C.
Address: 3413 RICHBORO DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VP (X) Change () Addition
Name: KIEFER, JIM
Address: 4836 SANDPOINTE DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: D (X) Change () Addition
Name: EBY, JOHN
Address: 2252 BRINLEY DR.
City-St-Zip: TRINITY, FL 34655

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 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

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date