


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90024 010 \*\*\*\*61.25

<b>DOCUMENT # 719076</b> 1. Entity Name LIVING WORD EVANGELISTIC ASSOCIATION, INC.	
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Principal Place of Business 9031 SUNSET DRIVE NAVARRE, FL 32566	Mailing Address 9031 SUNSET DRIVE NAVARRE, FL 32566
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**50006790**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2668427	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LAMALIE, GARY L. 430 BRYN ATHYN BLVD SUITE 4 MARY ESTHER, FL 32569
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUTTRILL, WIA 2493 AVENDA DE SOL GULF BREEZE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BANDFIELD, TOM 44 WOODHAM AVENUE FT. WALTON BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS RAHMES, SCOTT 139 CALLE DE CASTELAR MARY ESTHER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, BOBBY 2025 JESSICA WAY NAVARRE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT LAMALIE, GARY L. 295 AUSTIN AVE MARY ESTHER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FAIR, BRON 2057 FRITCHARD DRIVE GULF BREEZE, FL 32566

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Gary L. Lamalie* Gary L. Lamalie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05  
Date

850-243-3933  
Daytime Phone #