

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 719076

1. Entity Name
LIVING WORD EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business
**9031 SUNSET DRIVE
NAVARRE, FL 32566**

Mailing Address
**9031 SUNSET DRIVE
NAVARRE, FL 32566**

DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2668427	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

**LAMALIE, GARY L.
430 BRYN ATHYN BLVD
SUITE 4
MARY ESTHER, FL 32569**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

1000000418946
02/14/06-80027-020 61.25

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
BANOFIELD, 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 exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gary L. Lamalie
Treasurer**

1/31/06 850-243-3933
Date Daytime Phone #