

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 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**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2668427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

**U00000791420
01/23/08-80074-007 61.25**

10. OFFICERS AND DIRECTORS

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

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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 Gary L. Lamalie, Treasurer 1/18/08 850-243-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #