

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756915

FILED
Apr 13, 2009
Secretary of State

Entity Name: LIVING FAITH CHURCH OF FLORIDA, INC.

Current Principal Place of Business:

1032 S. HARPER
LAURENS, SC 29360

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268
LAURENS, SC 29360

New Mailing Address:

FEI Number: 59-2105305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCEACHERN, HOPE M
10014 OAKLAWAHA AVE
TAMPA, FL 33617 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: MCEACHERN, JOANN
Address: 1032 S. HARPER
City-St-Zip: LAURENS, SC 29360

Title: VPD () Delete
Name: STECHER, WILLIAM N., JR
Address: 1032 S. HARPER DR
City-St-Zip: LAURENS, SC 29360

Title: S () Delete
Name: HARRIS, LINDA S
Address: 1102 PENNINGTON RD
City-St-Zip: FOUNTAIN INN, SC 29644

Title: T () Delete
Name: HARRIS, LINDA S
Address: 1102 PENNINGTON RD
City-St-Zip: FOUNTAIN INN, SC 29644

Title: D () Delete
Name: NORMAN, HAZEL
Address: 673 MT CARMEL RD
City-St-Zip: GRAY COURT, SC 29645

Title: D () Delete
Name: HARRIS, RICK
Address: 1102 PENNINGTON RD
City-St-Zip: FOUNTAIN INN, SC 29644

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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: LINDA HARRIS

S/T

04/13/2009

Electronic Signature of Signing Officer or Director

Date