2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 761457

1. Entity Name
THE LIVING WORD CHURCH OF NICEVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
144 ADAMS P.O.BOX 468 NICEVILLE, FL 32578	144 ADAMS P.O.BOX 468 NICEVILLE, FL 32588

DO NOT WRITE IN THIS SPACE

04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2169601
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, NORMA
6712 HWY. 393 NORTH
CRESTVIEW, FL 32578

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000134882
04/28/04-80037-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUNCAN, WILLIAM R.
STREET ADDRESS	6712 HWY. 393 NORTH
CITY-ST-ZIP	CRESTVIEW, FL
TITLE	VD
NAME	DUNCAN, NORMA
STREET ADDRESS	6712 HWY. 393 NORTH
CITY-ST-ZIP	CRESTVIEW, FL
TITLE	DST
NAME	MAJORS, DANIEL A
STREET ADDRESS	6589 N HWY 393
CITY-ST-ZIP	CRESTVIEW, FL
TITLE	D
NAME	MAJORS, DEBORAH R.
STREET ADDRESS	6589 N HWY 393
CITY-ST-ZIP	CRESTVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Daniel A Majors DANIEL A. MAJORS 4/18/04 850-678-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #