


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 769527			
1. Entity Name LIVING WORDS, INC.			
Principal Place of Business 1580 MURDOCK ROAD MARIETTA GA 30062		Mailing Address 1580 MURDOCK ROAD MARIETTA GA 30062	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FULTON, HOLLY E. C/O HEAD, MOSS, FULTON PC 1530 BUSINESS CENTER DR STE 4 ORANGE PARK FL 32003		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FULTON, CHARLES B JR	NAME	
STREET ADDRESS	1580 MURDOCK RD	STREET ADDRESS	1100000439901
CITY-ST-ZIP	MARIETTA GA 30062	CITY-ST-ZIP	03/02/06-80018-017 61.25
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FULTON, JUDITH B.	NAME	
STREET ADDRESS	1580 MURDOCK RD	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOSLEY, CHERYL F.	NAME	
STREET ADDRESS	1954 BROWN MILL PLACE	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DEBOLT, DOUGLAS B.	NAME	
STREET ADDRESS	2010 MURDOCK RD	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **58-1291607** Applied For Not Applied

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

[Handwritten signatures and dates]