

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**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**



02122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1291607</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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**

**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, 2007**

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

**U00000650036  
03/07/07-80076-010 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
FULTON, CHARLES B JR  
1580 MURDOCK RD  
MARIETTA, GA 30062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
FULTON, JUDITH B.  
1580 MURDOCK RD  
MARIETTA, GA 30062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
MOSLEY, CHERYL F.  
1954 BROWN MILL PLACE  
MARIETTA, GA 30062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEBOLT, DOUGLAS B.  
2010 MURDOCK RD  
MARIETTA, GA 30062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 647, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Charles B. Fulton* Feb 15, 2007 770-565-6861