

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# 769527

Entity Name: LIVING WORDS, INC.

Current Principal Place of Business:

1580 MURDOCK ROAD
MARIETTA, GA 30062

New Principal Place of Business:

Current Mailing Address:

1580 MURDOCK ROAD
MARIETTA, GA 30062

New Mailing Address:

FEI Number: 58-1291607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 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: DP () Delete
Name: FULTON, CHARLES B JR,
Address: 1580 MURDOCK RD
City-St-Zip: MARIETTA, GA 30062

Title: DV () Delete
Name: FULTON, HOLLY E
Address: 1530 BUSINESS CENTER DR STE 4
City-St-Zip: ORANGE PARK, FL 32003

Title: DS () Delete
Name: MOSLEY, CHERYL F.,
Address: 1954 BROWN MILL PLACE
City-St-Zip: MARIETTA, GA 30062

Title: D () Delete
Name: DEBOLT, DOUGLAS B.,
Address: 2010 MURDOCK RD
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: MOSLEY, CHERYL F.,
Address: 3192 WICKS CREEK TRAIL
City-St-Zip: MARIETTA, GA 30062

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: CHARLES FULTON

FR.

01/14/2009

Electronic Signature of Signing Officer or Director

Date