

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000002037

1. Entity Name
**LIFE THROUGH THE WORD MINISTRIES
INCORPORATED**



Principal Place of Business
**3473 NATALIE MEL LN
JACKSONVILLE, FL 32218**

Mailing Address
**P O BOX 28129
JACKSONVILLE, FL 32226**



01302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2567853

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOGAN, FANNIE M
3473 NATALIE MEL LN
JACKSONVILLE, FL 32218**

**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**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | LOGAN, FANNIE M |
| STREET ADDRESS | 3473 NATALIE MEL LN |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 |
| TITLE | S |
| NAME | STUBBS, ANNIE L |
| STREET ADDRESS | 1360 PEPPER TREE LN |
| CITY-ST-ZIP | SAN BERNARDINO, CA 92404 |
| TITLE | T |
| NAME | RAMIREZ, MARGIA L |
| STREET ADDRESS | 6250 RALEIGH ST |
| CITY-ST-ZIP | RIVERSIDE, CA 92506 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000619251
02/08/07-80063-009 70.00

**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 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: *Fannie M. Logan* *Fannie M. Logan* *2/1/2007* *904 765-3320*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #