


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000002037</b>	
1. Entity Name <b>LIFE THROUGH THE WORD MINISTRIES INCORPORATED</b>	

Principal Place of Business <b>3473 NATALIE MEL LN JACKSONVILLE, FL 32218</b>	Mailing Address <b>P O BOX 28129 JACKSONVILLE, FL 32226</b>
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>58-2567853</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LOGAN, FANNIE M 3473 NATALIE MEL LN JACKSONVILLE, FL 32218</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOGAN, FANNIE M 3473 NATALIE MEL LN JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUBBS, ANNIE L 1360 PEPPER TREE LN SAN BERNARDINO, CA 92404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, MARGIA L 6250 RALEIGH ST RIVERSIDE, CA 92506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

<b>SIGNATURE</b> <i>Fannie M Logan President</i>	<i>1-10-2008</i>	<i>904 765-3320</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>