

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002037

FILED
Jan 29, 2009
Secretary of State

Entity Name: LIFE THROUGH THE WORD MINISTRIES INCORPORATED

Current Principal Place of Business:

3473 NATALIE MEL LN
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P O BOX 28129
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 58-2567853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAN, FANNIE M
3473 NATALIE MEL LN
JACKSONVILLE, FL 32218 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: P () Delete
Name: LOGAN, FANNIE M
Address: 3473 NATALIE MEL LN
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: RAMIREZ, MARGIE
Address: 6250 RALEIGH ST
City-St-Zip: RIVERSIDE, FL 92506

Title: T () Delete
Name: RAMIREZ, WILLIAM
Address: 6250 RALEIGH ST
City-St-Zip: RIVERSIDE, CA 92506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FANNIE M. LOGAB

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date