

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003158**

1. Entity Name  
**LIVING WORD FAMILY LIFE CENTER, INC.**



Principal Place of Business  
**4601 JUDY COURT  
ORLANDO, FL 32839**

Mailing Address  
**POST OFFICE BOX 560245  
ORLANDO, FL 32856**



01222004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3644697**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAGEN, LONNIE  
4601 JUDY COURT  
ORLANDO, FL 32839**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 *Lonnie Hagen* 1/24/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCD  
HAGEN, LONNIE D  
POST OFFICE BOX 560245  
ORLANDO, FL 32856**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
SHINDOLL, FLORALEE  
4601 JUDY COURT  
ORLANDO, FL 32839**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
HAGEN, NICOLE  
POST OFFICE BOX 560245  
ORLANDO, FL 32856**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DIESCHBOURG, GARY  
522 S. HUNT CLUB BLVD.  
APOPKA, FL 32703**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
VILLALBA, JOSE  
115 LINDENWOOD LANE  
KISSIMMEE, FL 34743**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000160852  
05/18/04-80006-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Lonnie Hagen* 1/24/04 407 927 5582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #