

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90095 003 ****61.25

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01132007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000003369 1. Entity Name LIVING WORD CRUSADES, INC.					
Principal Place of Business 5158 US 19 NEW PORT RICHEY, FL 34652			Mailing Address 5158 US 19 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 31-1718249			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BENSON, DONALD E SR. 9914 WHITWORTH CT. NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, DONALD E SR. 9914 WHITWORTH CT. NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENSON, BOBBE JEAN 9914 WHITWORTH CT NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEBROWSKI, NANCY 3818 WATSON DR. NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Zebrowsky, Nancy 3818 Watson Dr New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HO, SILVIO 5021 DOEFIELD LANE NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMENGUEL, RAFAEL 6027 12TH AVE. NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Bobbie Jean Benson, Sec., Treas.</i>			Date: <i>1/15/07</i> (727) 845-4725		