2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N00000003369

Entity Name: LIVING WORD CRUSADES, INC.

Current Principal Place of Business:

5158 US 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5158 US 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 31-1718249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, DONALD E SR.
9914 WHITWORTH CT.
NEW PORT RICHEY, FL 34655 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: D ( ) Delete
Name: BENSON, DONALD E SR.
Address: 9914 WHITWORTH CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ST ( ) Delete
Name: BENSON, BOBBE JEAN
Address: 9914 WHITWORTH CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V ( ) Delete
Name: ZEBROWSKI, NANCY
Address: 3818 WATSON DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: HO, SILVIO
Address: 5021 DOEFIELD LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

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:

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: DONALD E BENSON SR D 01/19/2009

Electronic Signature of Signing Officer or Director — Date