2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004357

Entity Name: LIVING FAITH WORLD MINISTRIES, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	YSHIRE RD BEACH, FL 3	2117					
Current Mailing Address:				New Mailing Address:			
PO BOX 10861 DAYTONA BEACH, FL 321200861							
FEI Number: 59-3639536 FEI Number Applied For () FEI Nu			FEI Num	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
1355 CADI	TONY PASTO LLAC DRIVE BEACH, FL 3						
The above in the State		submits this statement for the pu	urpose of	f changing it	s registere	d office or registered agent, or both,	
SIGNATURE:							
	Electron	ic Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	BARBARA, SHA 1355 CADILLAC	DR		Title: Name: Address:	VP BARHOO, S 1355 CADIL		
City-St-Zip:	DAYTONA BEACH, FL 32117 City-St-Zip: DAYTONA BEACH, FL 32117				BEACH, FL 32117		
Title: Name: Address: City-St-Zip:	D () LEE, HAROLD 583 FLOMICH S HOLLY HILL, FL			Title: Name: Address: City-St-Zip:	D WEBB, LOU 315 DEELE DAYTONA E		
Title: Name: Address: City-St-Zip:	D () COLHOUN, PAT 3 TANAGER CO DAYTONA BEAG	URT		Title: Name: Address: City-St-Zip:		(X) Change () Addition ZACHARY GRI LANE DRIVE BEACH, FL 32114	
Title: Name: Address: City-St-Zip:	M () WHITE, DERRIG 86 HUDSON ST DAYTONA BEAG			Title: Name: Address: City-St-Zip:	M (X) Change () Addition DANIELS, FLORIE 915 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114		
Title: Name: Address: City-St-Zip:	D () HENRY, PATRIO 831 S. KOTTLE DAYTONA BEAG	CIRCLE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BARHOO, TON' 1355 CADILLAC	DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: TONY BARHOO DR. 02/04/2009