2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000860

1. Entity Name
LIVING WORD ACADEMY, INC.

Principal Place of Business	Mailing Address
19624 QUAILS NEST RUN UMATILLA, FL 32784	19624 QUAILS NEST RUN UMATILLA, FL 32784

01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3726637
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTENSEN, ELAINE A
19624 QUAILS NEST RUN
UMATILLA, FL 32784

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHRISTENSEN, ELAINE A
STREET ADDRESS	19624 QUAILS NEST RUN
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	T
NAME	CHRISTENSEN, MICHAEL
STREET ADDRESS	19624 QUAILS NEST RUN
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	T
NAME	ANDREWS, ARLYCE
STREET ADDRESS	4303 PLYMOUTH SORRENTO RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000184018
01/20/05-80013-009 61.25

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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: Elaine A. Christensen 1/10/05 352-669-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #