

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000860

1. Entity Name  
LIVING WORD ACADEMY, INC.



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

Mailing Address  
19624 QUAILS NEST RUN  
UMATILLA, FL 32784

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**



01072007 No Chg-NP

CR2E037 (4/06)

**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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000692369  
04/13/07-80050-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine A. Christensen 3/19/07 352-350-0244

Date

Daytime Phone #