ANNUAL REPORT

DOCUMENT # N01000001241

1. Entity Name
LIVING WORD FREE METHODIST CHURCH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT -4 AM 9:00

Principal Place of Business	Mailing Address
4411 NW 60 ST OCALA, FL 34482	4411 NW 60 ST OCALA, FL 34482

10012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3428118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT L
6180 NW 44 AVE
OCALA, FL 34482

7. Name and Address of New Registered Agent

Name Thomas M. Lovett
Street Address (P.O. Box Number is Not Acceptable)
5001 SW 20th St. #7611
City Ocala Fl. FL Zip Code 34474

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 Thomas M Lovett
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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	TRUS TANNER, LYNN TRUSTEE 5720 NE 37TH ST. OCALA, FL 34488	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600041569276 10/04/04--01032--023 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUS PENZEL, LORRAINE TRUSTEE 4500 NW BLICHTON RD. LOT 128 OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFI WHATLEY, PATSY OFFICER 6335 NW 56TH TERRACE OCALA, FL 34482	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Trustee Paul Acker 4500 Blitchton Rd Ocala Fl. 34482
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFI RAE, CLAIRE 4902 NW 57TH AVE. OCALA, FL 34482	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Trustee/Sr Pastor Thomas M. Lovett 5001 SW 20th St. #7611 Ocala Fl. 34474
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUS WILLIAMS, ROBERT L TRUSTEE 6180 NW 44TH AVE. OCALA, FL 34482	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Trustee/Asst. Pastor Karen K Lovett 5001 SW 20th St. #7611 Ocala Fl. 34474
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFI LOPEZ, MELVIN R OFFICER 6728 NW 62ND AVE. OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Trustee Melvin Lopez K. 6728 NW 62 Ave Ocala Fl. 34482

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: Thomas M. Lovett