

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002832

FILED
Jan 14, 2004
Secretary of State**Entity Name:** LIVING WORD FAMILY CHURCH AND WORLD OUTREACH MINISTRIES, INC.**Current Principal Place of Business:**521 W. STREET
NAPLES, FL 34108**New Principal Place of Business:****Current Mailing Address:**521 W. STREET
NAPLES, FL 34108**New Mailing Address:****FEI Number:** 94-3394332**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOSLIEN, PAUL REV.
333 SPIDERLILY LN.
NAPLES, FL 34119 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: HAMMOND, JAMES M REV.
Address: 9201 75TH AVE. NORTH
City-St-Zip: BROKKLYN PARK, MN 55442**Title:** PD () Delete
Name: FOSLIEN, PAUL REV
Address: 333 SPIDER LILY LN.
City-St-Zip: NAPLES, FL 34119**Title:** D () Delete
Name: FOSLIEN, MARIA REV
Address: 333 SPIDER LILY LANE
City-St-Zip: NAPLES, FL 34119**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL FOSLIEN

PD

01/14/2004

Electronic Signature of Signing Officer or Director_____
Date