

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01952

FILED
May 01, 2009
Secretary of State

Entity Name: LIVINGWAY CHRISTIAN FELLOWSHIP CHURCH INTERNATIONAL, INC.

Current Principal Place of Business:

6415 N. PEARL ST.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

6415 N. PEARL ST.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-2515572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEMAN, CHARLES D BUSINES
6415 N. PEARL ST.
JACKSONVILLE, FL 32208 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: T () Delete
Name: GRAY, LARRY J
Address: 9120 FITZWALTER RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: MAXEY, JOHN L
Address: 6366 BARRY DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: SIMMONS, JAMES T
Address: 9630 EVANS RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Delete
Name: HENDLEY, LONNIE B
Address: 1388 AGNES RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: P () Delete
Name: SPEIGHT, ANTHONY L CEO
Address: 12620 MISSION HILLS CIR. NORTH
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MOORE, VANESSA
Address: 10349 PLANTERS WOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Change () Addition
Name: GRAY, ANTHONY
Address: 6366 BARRY DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Change () Addition
Name: SIMMONS, JAMES T
Address: 9630 EVANS RD.
City-St-Zip: JACKSONVILLE, FL 32208

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 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: DR. ANTHONY L. SPEIGHT

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date