


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90019 029 \*\*\*\*61.25

DOCUMENT # N02000000176	
1. Entity Name THE LIVING WORD MINISTRIES OF PERRY FLORIDA, INC.	

Principal Place of Business 606 COLSON ST. PERRY FL 32348	Mailing Address 606 COLSON ST. PERRY FL 32348
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  HUBBAD, IDA C/O CLARK JOEL 427 PUCKETT ROAD SUITE 120 PERRY FL 32348		7. Name and Address of New Registered Agent Name <u>Flora M. Underwood</u> Street Address (P.O. Box Number is Not Acceptable) <u>1012 B. Malloy Ave.</u> <u>Perry, Fla. 32347</u> City <u>FL</u> Zip Code	
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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 Flora M. Underwood

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	PD CLARK, JOE L. <input type="checkbox"/> Delete 206 WEST DUNDEE STREET PERRY FL 32348	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD. <input type="checkbox"/> Change <input type="checkbox"/> Addition CLARK JOE L. 206 W. DUNDEE ST PERRY, FL. 32348
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input type="checkbox"/> Delete CLARK, EARLENE 206 WEST DUNDEE STREET PERRY FL 32348	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition CLARK EARLENE 206 W. DUNDEE ST. PERRY, FL. 32348
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input type="checkbox"/> Delete HUBBARD, IDA 427 PUCKETT ROAD SUITE 120 PERRY FL 32348	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition Hubbard Ida 427 PUCKETT ROAD. SUITE 120 PERRY, FL. 32348
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <input checked="" type="checkbox"/> Delete FORD, TIMMY L 206 WEST DUNDEE STREET PERRY FL 32348	TITLE NAME STREET ADDRESS CITY- ST- ZIP	FLORA UNDERWOOD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1012 B. MALLOY AVE - T.D. PERRY, FL. 32347
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: Joe L. Clark Joe L. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/07- 850-584-3932