

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000176

FILED
Feb 21, 2009
Secretary of State

Entity Name: THE LIVING WORD MINISTRIES OF PERRY FLORIDA, INC.

Current Principal Place of Business:

606 COLSON ST.
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

606 COLSON ST.
PERRY, FL 32348

New Mailing Address:

FEI Number: 01-0615893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, MAY E
913 WEST MALLEY ST.
PERRY, FL 32347 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: PD () Delete
Name: CLARK, JOE L
Address: 206 WEST DUNDEE STREET
City-St-Zip: PERRY, FL 32348

Title: VD () Delete
Name: CLARK, EARLENE
Address: 206 WEST DUNDEE STREET
City-St-Zip: PERRY, FL 32348

Title: SD () Delete
Name: RAY, MAY E
Address: 913 W. MALLOY ST.
City-St-Zip: PERRY, FL 32347

Title: TD () Delete
Name: UNDERWOOD, FLORA
Address: 1012 B. MALLOY AVE.
City-St-Zip: PERRY, FL 32347

Title: TD () Delete
Name: UNDERHILL, FLORA
Address: 1012 B. MALLOY AVE
City-St-Zip: PERRY, FL 32347

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: UNDERWOOD, FLORA
Address: 1012 B. MALLOY AVE
City-St-Zip: PERRY, FL 32347

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: MAY ELLA RAY

SD

02/21/2009

Electronic Signature of Signing Officer or Director

Date