

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000176

**FILED**  
**Apr 29, 2010**  
**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  
Name: CLARK, JOE L  
Address: 206 WEST DUNDEE STREET  
City-St-Zip: PERRY, FL 32348

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PASTOR JOE L CLARK

PD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date