

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006317

FILED
May 08, 2004
Secretary of State**Entity Name:** JESUS THE LIVING WORD PRAISE & WORSHIP MINISTRIES, INC.**Current Principal Place of Business:**1760 NW 189TH TERRACE
OPA LOCKA, FL 33056**New Principal Place of Business:****Current Mailing Address:**1760 NW 189TH TERRACE
OPA LOCKA, FL 33056**New Mailing Address:****FEI Number:** 82-0561830**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, NOEL D
1760 NW 189TH TERRACE
OPA LOCKA, FL 33056**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: WILLIAMS, NEVILLE
Address: 1760 NW 189TH TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: VD () Delete
Name: WILLIAMS, NOEL
Address: 1760 NW 189TH TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: SD () Delete
Name: MCCLELLAN, APRIL
Address: P.O. BOX 611433
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: BLACKSHIRE, KENNETH
Address: 20041 NW 32ND AVE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: BLACKSHIRE, DONNA
Address: 20041 NW 32ND AVE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: BASS, MATTHEW
Address: 20147 NW 58TH PLACE
City-St-Zip: MIAMI, FL 33015

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: NOEL WILLIAMS

VP

05/08/2004

Electronic Signature of Signing Officer or Director

Date