

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N02000007270

1. Entity Name
THE LIVING WORD WORLDWIDE MINISTRIES, INC.



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP

CR2E037 (4/08)

4. FEI Number
75-3069081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENDRICKS, MARCIA A
14463 ST. GEORGE'S HILL DR.
ORLANDO, FL 32828**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000885990
04/18/08-80036-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HENDRICKS, MARCIA A 14463 ST GEORGES HILL DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKS, MICHAEL S 14463 ST GEORGES HILL DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUSHNIE, ELAINE H 4170 DREISER LOOP, #14E BRONX, NY 10475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia A Hendricks

4/2/08

407-306-8322

Date

Daytime Phone #