

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009483

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** LIVING WELL MINISTRIES INC.

**Current Principal Place of Business:**

1683 WINTERBERRY LN.  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 849024  
PEMBROKE PINES, FL 33084 US

**New Mailing Address:**

**FEI Number:** 81-0584995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUTCHINSON, KAREN R PASTOR  
9954 NW 18 STREET  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

HUTCHINSON, KAREN R PASTOR  
1683 WINTERBERRY LANE  
WESTON, FL 33327 US

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:

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HUTCHINSON, KAREN R PASTOR  
Address: 1683 WINTERBERRY LANE  
City-St-Zip: WESTON, FL 33327 US

Title: AD  
Name: HAUPERT, SANDRA  
Address: 9955 N.W. 18 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: T  
Name: KUMI-DIAKA, ASIEDUWA  
Address: 16359 NW 19TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: A  
Name: RUTTY, ANDREW  
Address: 1683 WINTERBERRY LANE  
City-St-Zip: WESTON, FL 33327 US

Title: B  
Name: ROBERTS, CARLA  
Address: P.O. BOX 695401  
City-St-Zip: MIAMI, FL 33269 US

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: ASIEDUWA KUMI-DIAKA

T

02/23/2011

Electronic Signature of Signing Officer or Director

Date