

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004138

1. Entity Name

**LIVING BY THE WORD OF GOD PRAISE & WORSHIP
CHURCH OF JACKSON COUNTY, INC.**



Principal Place of Business
**4250 OLD COTTONDALE RD BLDG.
MARIANNA FL 32448**

Mailing Address
**3659 KYNESVILLE RD
MARIANNA FL 32448**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0783342

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, ARTHUR L
3659 KYNESVILLE RD
MARIANNA FL 32448**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P JOHNSON, ARTHUR**
STREET ADDRESS **3659 KYNESVILLE RD**
CITY-STATE-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP
**000000522645
05/03/06-80038-004 70.00**

TITLE ☐ Delete
NAME **TD JOHNSON, ORASTINE**
STREET ADDRESS **3659 KYNESVILLE RD**
CITY-STATE-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **AVD GEORGE, JOHNSON**
STREET ADDRESS **2118 ATHENS CT.**
CITY-STATE-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **S JOHNSON, AUGUSTA**
STREET ADDRESS **2118 ATHENS CT.**
CITY-STATE-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **ARTHUR JOHNSON**

4-16-06 (850) 526-31