

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006318

FILED
Jul 27, 2007
Secretary of State

Entity Name: LIGHTED WORD MINISTRIES, CORP.

Current Principal Place of Business:

1749 NW 39 ST
OAKLAND PARK, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

1749 NW 39 ST
OAKLAND PARK, FL 33309 US

New Mailing Address:

FEI Number: 35-2224895 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DARLING, JESSICA M
1749 NW 39 ST
OAKLAND PARK, FL 33309 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: FOSTER, LIVINGSTON
Address: 9753 NW 43 ST
City-St-Zip: SUNRISE, FL 33351 US

Title: VP () Delete
Name: SNAPE, SHELDON
Address: 1749 NW 39 ST
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: S, T () Delete
Name: DARLING, JESSICA M
Address: 1749 NW 39 ST
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: T, S () Delete
Name: THOMPSON, PATRICK E
Address: 100-2 NW 14 AVE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: O,D () Delete
Name: FOSTER, ALTHEA
Address: 9753 NW 43 ST
City-St-Zip: SUNRISE, FL 33351 US

Title: O,D () Delete
Name: ARMSTRONG, HANDEL O
Address: 5372 GATELAKE ROAD
City-St-Zip: TAMARAC, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: FOSTER, LIVINGSTON
Address: 3000 LOW KEY COURT
City-St-Zip: KATHLEEN, GA 31047 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T, S (X) Change () Addition
Name: GAYLE, PATRICIA
Address: 5372 GATE LAKE ROAD
City-St-Zip: TAMARAC, FL 33319 US

Title: () Change () Addition
Name:
Address:
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 exemption stated in Chapter 119, 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: JESSICA M. DARLING

S

07/27/2007

Electronic Signature of Signing Officer or Director

Date