

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2004  
Secretary of State**

DOCUMENT# N03000009750

Entity Name: BAPTIST CHURCH OF THE LIVING WORD INC

**Current Principal Place of Business:**

1565 NE 150 ST  
MIAMI, FL 33161

**New Principal Place of Business:**

12490 NE 7TH AVE  
218  
MIAMI, FL 33161

**Current Mailing Address:**

1565 NE 150 ST  
MIAMI, FL 33161

**New Mailing Address:**

P.O. BOX 69-2986  
MIAMI, FL 33269

FEI Number: 58-2683426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACQUET, FENITON REV  
5805 WASHINGTON ST #19  
HOLLYWOOD, FL 33023 US

**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: D ( ) Delete  
Name: SAINTIL, HILDA  
Address: 9035 NW 33 AVE RD  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: PIERRE, GABRIEL  
Address: 1565 NE 150 SST  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: VIRGILE, JULES A  
Address: 580 NE 150 ST #4  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: LAVENTURE, PAUL  
Address: 5805 WASHINGTON ST # 19  
City-St-Zip: HOLLYWOOD, FL 33023

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: HILDA SAINTIL

D

03/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date