

2005-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 018 ****66.25

DOCUMENT # N03000010500

1. Entity Name

LIVING WORD FAITH MINISTRY OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

1707 LOGAN ST.
APT #2
JACKSONVILLE FL 32209

1707 LOGAN ST.
APT #2
JACKSONVILLE FL 32209

2. Principal Place of Business

1707 Logan Street

Suite, Apt. #, etc.

Apt. # 2

City & State

Jacksonville, Florida

Zip

32209

Country

USA

3. Mailing Address

1707 Logan Street

Suite, Apt. #, etc.

Apt. # 2

City & State

Jacksonville, Florida

Zip

32209

Country

USA

14015783



1st MOORE

CR2E037 (10/04)

4. FEI Number

32-0101291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOODY, FREDDIE L JR.
1707 LOGAN ST., APT. #2
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

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, 2005

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

TITLE PD ☐ Delete
NAME MOODY, FREDDIE L JR.
STREET ADDRESS 1707 LOGAN ST., APT. #2
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VD ☐ Delete
NAME MOODY, SLENA T
STREET ADDRESS 1707 LOGAN ST., APT. #2
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE T ☐ Delete
NAME KELLY, APRIL
STREET ADDRESS 1707 LOGAN ST., APT. #2
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Slena J. Moody, Slenna T. Moody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/29/05 (904)632-2132

Date

Daytime Phone #