

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003585

FILED
Jul 14, 2005
Secretary of State

Entity Name: THE SANCTUARY OF THE LIVING WORD INC.

Current Principal Place of Business:

215 N 1 ST
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

215 N 1 ST
LAKE WALES, FL 33853

New Mailing Address:

2454 LISA STREET
LAKE WALES, FL 33898

FEI Number: 26-0100079 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

STOUEMIRE, JOHNNIE L JR
810 HIGHLAND LOOP
LAKE WALES, FL 33898 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: P () Delete
Name: STOUEMIRE, MINIS. JOHNNIE L JR
Address: 810 HIGHLAND LOOP
City-St-Zip: LAKE WALES, FL 33898

Title: CD () Delete
Name: STOUEMIRE, JOHNNIE L SR
Address: 2454 LISA ST
City-St-Zip: LAKE WALES, FL 33898

Title: CT () Delete
Name: CRAFT, ERVIN JR
Address: 2560 ELM AVE
City-St-Zip: LAKE WALES, FL 33898

Title: CC () Delete
Name: MCKNIGHT, MARILYN T
Address: 130 W ORANGE AVE APT B
City-St-Zip: LAKE WALES, FL 33853

Title: CS () Delete
Name: CHANEY, SHEILA
Address: 524 N 7 ST
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JOHNNIE L. STOUEMIRE SR

CD

07/14/2005

Electronic Signature of Signing Officer or Director

Date