

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011021

FILED  
Apr 19, 2008  
Secretary of State

Entity Name: LIVING WORD CONGREGATION, INC.

**Current Principal Place of Business:**

1420 SE FLORESTA DR  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**  
1420 SE FLORESTA DR  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

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

ZIDOR, BRENORD  
1420 SE FLORESTA DR  
PORT ST LUCIE, FL 34983 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: PD  Delete  
Name: ZIDOR, BRENORD  
Address: 1420 SE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD  Delete  
Name: ZIDOR, LENORD  
Address: 1420 SE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD  Delete  
Name: PIERRE-LOUIS, SERAPHIN EVELINE  
Address: 1420 SE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD  Delete  
Name: JEAN-LAURENT, JOCELYN  
Address: 1420 SE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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

Title: VD  Change  Addition  
Name: ZIDOR, BRENORD  
Address: 1420 SE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD  Change  Addition  
Name: JOCELYN, EDWINE  
Address: 1420 SE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD  Change  Addition  
Name: ZIDOR, EVELINE  
Address: 1420 SE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: BRENORD ZIDOR

PD

04/19/2008

Electronic Signature of Signing Officer or Director

Date