2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# N04176

Entity Name: LIVING FAITH CHURCH OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

7400 REFORMATION ROAD
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3545
MILTON, FL 32572 US

New Mailing Address:

FEI Number: 59-2422251 **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:

STEVENS, WAYNE J.
5214 AVE DEL FUEGO
MILTON, FL 32571 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: STEVENS, WAYNE J.,
Address: 5214 AVE. DEL FUEGO
City-St-Zip: PACE, FL 32571

Title: VSD ( ) Delete
Name: STEVENS, PEGGY D
Address: 5214 AVE. DEL FUEGO
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: SASSER, THOMAS
Address: 6815 YUCATAN ST.
City-St-Zip: MILTON, FL 32570

Title: TD ( ) Delete
Name: KREVATAS, GEORGE
Address: 1836 ANDREA LANE
City-St-Zip: PACE, FL 32571

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:

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: PEGGY D. STEVENS VSD 05/08/2008

Electronic Signature of Signing Officer or Director — Date