

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 OCT -5 PM 2:43

DOCUMENT # N05000009791 1. Entity Name LIVING WORD OF FAITH WORSHIP CENTER, INC			
Principal Place of Business 70601OLDKINGSRDSAPT206 JACKSONVILLE,FL32217		Mailing Address 70601OLDKINGSRDSAPT206 JACKSONVILLE,FL32217	
2. Principal Place of Business 7035 Phillips Highway Suite, Apt. #, etc. Suite #30 City & State Jacksonville, Florida Zip 32216 Country Duval		3. Mailing Address P.O. Box 57036 Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32241-7036 Country Duval	
4. FFI Number 51-0555525		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		09052006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent PIERCE, ANOTHONY 70601 OLD KINGS RD S APT 206 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Pierce, Anithony Street Address (P.O. Box Number is Not Acceptable) 7061 Old Kings Rd. South Apt #206 City Jacksonville FL Zip Code 32217	
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 <u>Anthony Pierce</u> President 9/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE P NAME PIERCE, ANTHONY STREET ADDRESS 70601 OLD KINGS RD S APT 206 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		
TITLE D NAME PIERCE, VANDELLA STREET ADDRESS 70601 OLD KINGS RD S APT 206 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		
TITLE D NAME PIERCE, PAMELA STREET ADDRESS 310 EDMUND AVE CITY-ST-ZIP DUNDEE, FL 33838	<input checked="" type="checkbox"/> Delete		
TITLE D NAME WADE, SHARESE R STREET ADDRESS 70601 OLD KINGS RD S APT 206 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
President Pierce, Anithony <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7061 Old Kings Rd. South Apt 206 Jacksonville, FL 32217			
Director Pierce, Vandella <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7061 Old Kings Rd. South Apt #206 Jacksonville, FL 32217			
Director Wade, Sharese R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7061 Old Kings Rd. South Apt. #206 Jacksonville, FL 32217			
Director Nicholas J. Wade <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7061 Old Kings Rd. South #206 Jacksonville, FL 32217			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Anthony Pierce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9/7/06 Daytime Phone # 904 737-3985	