2006 NOT-FOR-PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZP

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Feb 03, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N05000010476 02-03-2006 90011 034 ****66.25 LIVING WORD MISSION INC Principal Place of Business Mailing Address 136 BLACKSTONE DRIVE 136 BLACKSTONE DRIVE FORT MYERS, FL 33913 FORT MYERS, FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL, JUANITA REV. Street Address (P.O. Box Number is Not Acceptable) 136 BLACKSTONE DRIVE FORT MYERS, FL 33913 City 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 1. J. C. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE : TITLE ☐ Delete ☐ Change ☐ Addition NAME CAMPBELL, JUANITA PASTOR NAME 136 BLACKSTONE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP 7VPD TITLE ☐ Delete TITLE ☐ Change ■ Addition CAMPBELL, FLOYD NAME NAME 136 BLACKSTONE DRIVE STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33913. CITY-ST-7IP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BREVARD, CHERYL NAME NAME 136 BLACKSTONE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP TD . TITLE Delete TITLE ☐ Change Addition SCUDDER, MELVIN NAME NAME STREET ADDRESS 380 PARKWOOD AVE STREET ADDRESS FORT MYERS, FL 33913 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Change

☐ Addition

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 attactment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR SIGNATURE

ATTACHMENT 40008341 #NOSTO00010476

JUANITA A.CAMPBELL

136 Blackstone Drive Fort Myers, fl.33913

239-369-9982

bbjoyful60@aol.com

January 24, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

To Whom it may:

I have enclosed the Annual Report and the check in the amount of \$66.25, If more information is needed

Please feel free to contact me at address or phone number above.

I am thanking you in advance.

Sincerely Yours

Pastor: Juanita Campbell