


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000010476</b> 1. Entity Name <b>LIVING WORD MISSION INC</b>	
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Principal Place of Business <b>136 BLACKSTONE DRIVE FORT MYERS, FL 33913</b>	Mailing Address <b>136 BLACKSTONE DRIVE FORT MYERS, FL 33913</b>
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**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>14-1944344</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CAMPBELL, JUANITA REV.  
136 BLACKSTONE DRIVE  
FORT MYERS, FL 33913**

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IN THIS SPACE**

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: Rev. Juanita Campbell (NOTE: Registered Agent signature required when reinstating) Jan 20, 2007 DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JUANITA PASTOR 136 BLACKSTONE DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, FLOYD 136 BLACKSTONE DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREVARD, CHERYL 136 BLACKSTONE DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCUDDER, MELVIN 380 PARKWOOD AVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000600657  
01/26/07-80019-012 61.25

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IN THIS SPACE**

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: Rev. Juanita Campbell Jan. 20, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #