2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N05000010476

Entity Name: LIVING WORD MISSION INC

Current Principal Place of Business:

136 BLACKSTONE DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

136 BLACKSTONE DRIVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 14-1944344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JUANITA REV.
136 BLACKSTONE DRIVE
FORT MYERS, FL 33913 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:	CAMPBELL, JUANITA PASTOR	
Address:	136 BLACKSTONE DRIVE	
City-St-Zip:	FORT MYERS, FL 33913	
Title:	VPD	( ) Delete
Name:	CAMPBELL, FLOYD	
Address:	136 BLACKSTONE DRIVE	
City-St-Zip:	FORT MYERS, FL 33913	
Title:	SD	( ) Delete
Name:	BREVARD, CHERYL	
Address:	136 BLACKSTONE DRIVE	
City-St-Zip:	FORT MYERS, FL 33913	
Title:	TD	( ) Delete
Name:	SCUDDER, MELVIN	
Address:	380 PARKWOOD AVE	
City-St-Zip:	FORT MYERS, FL 33913	

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: JUANITA CAMPBELL REV 01/18/2009

Electronic Signature of Signing Officer or Director — Date