

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008799

FILED
Jul 21, 2008
Secretary of State

Entity Name: LIVING HIS WORD EVANGELISTIC MINISTRIES OF THE ASSEMBLIES OF GOD, INC

Current Principal Place of Business:

2460 LAUREL BLOSSOM CIR
OCOE, FL 34761

New Principal Place of Business:

120 W. MCKEY ST.
OCOE, FL 34761

Current Mailing Address:

2460 LAUREL BLOSSOM CIR
OCOE, FL 34761

New Mailing Address:

PO BOX 1187
OCOE, FL 34761

FEI Number: 26-1813087 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

WALL SR, JOHN O
2460 LAUREL BLOSSOM CIR
OCOE, FL 34761 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: PRES () Delete
Name: WALL SR, JOHN O PASTOR
Address: 2460 LAUREL BLOSSOM CIR
City-St-Zip: OCOE, FL 34761

Title: VP () Delete
Name: STEPHENS, CARL
Address: 2008 NORTH GOLDENROD RD
City-St-Zip: ORLANDO, FL 32807

Title: SECR () Delete
Name: WALL, MACHELLE D
Address: 2460 LAUREL BLOSSOM CIR
City-St-Zip: OCOE, FL 34761

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:

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: JOHN O. WALL SR.

PRES

07/21/2008

Electronic Signature of Signing Officer or Director

Date