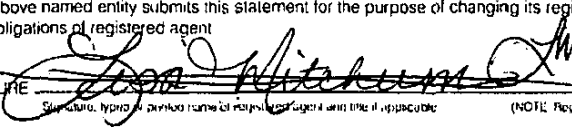
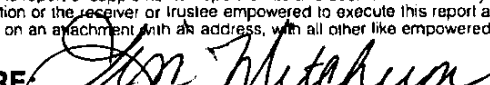


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 17, 2006 8:00 am
Secretary of State

04-26-2006 90173 011 ****61.25

DOCUMENT # N07153 1. Entity Name LIVING WORLD OUTREACH MINISTRIES, INC.					
Principal Place of Business 302 HAMON AVE SANTA ROSA BEACH FL 32459 US			Mailing Address 302 HAMON AVE SANTA ROSA BEACH FL 32459 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2485683	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUTCHUM, LISA 302 HAMON AVE SANTA ROSA BEACH FL 32459				7. Name and Address of New Registered Agent Name Lisa Mitchum (misspelled) Street Address (P.O. Box Number is Not Acceptable) 302 Hamon Ave. City Santa Rosa Bch. FL Zip Code 32459	
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  DATE 4-10-06 Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP MAISANO, DARLENE B. 56 BUSTER MARSE RD., APT B-5 FREEPORT FL 32439	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MITCHUM, LISA 302 HAMON AVE SANTA ROSA BEACH FL 32459	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUSS, LINDA 1941 WATERFORD EST. DR NEW SMYRNA BEACH FL 32168	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHUM, DEAN 302 HAMON AVE SANTA ROSA BEACH FL 32459	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE 7-13-06 Signature (and typed or printed name of signing officer or director)					