

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10224

FILED
Jan 27, 2006
Secretary of State

Entity Name: THE CHURCH OF THE LIVING WORD OF PASCO, INC.

Current Principal Place of Business:

5220 10TH STREET
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

5220 10TH STREET
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 59-3741326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, BARBARA
35115 DOLPHIN LAKE DR
ZEPHYRHILLS, FL 33541 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: D () Delete
Name: JACOBS, ROGER D
Address: 35115 DOLPHIN LAKE DR
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: T () Delete
Name: JACOBS, BARBARA J
Address: 35115 DOLPHIN LAKE DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: BLOW, DORA E
Address: 5304 10TH ST.
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: C () Delete
Name: SAYLER, RICK
Address: 5234 18TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACOBS, EMMY
Address: 3131 HIDDEN LAKE DR
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA J JACOBS

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01/27/2006

Electronic Signature of Signing Officer or Director

Date