

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10224

FILED  
Feb 20, 2009  
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: JACOBS, EMMY  
Address: 3131 HIDDEN LAKE DR  
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: C ( ) Delete  
Name: PURVIS, VAN  
Address: 3025 HICKORY DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33543 52

**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 33543 US

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: BARBARA JACOBS

TREA

02/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date