

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001668

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LIFE THROUGH THE WORD MINISTRY INTERNATIONAL, INC.

**Current Principal Place of Business:**

4943 BEACH BOULEVARD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4943 BEACH BOULEVARD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3820126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STANFORD, THERESA G  
4943 BEACH BOULEVARD  
JACKSONVILLE, FL 32207 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: DP  
Name: STANFORD, SR., ROBERT J  
Address: 4943 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: PCFO  
Name: STANFORD, THERESA G  
Address: 4943 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS  
Name: GILFORD, VESHERA B  
Address: 4943 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S  
Name: BROWN, CYNTHIA  
Address: 4943 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: WHITAKER, ANDRE  
Address: 4943 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J. STANFORD, SR.

DP

04/30/2012

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

\_\_\_\_\_ Date