


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N20729 1. Entity Name LIVING WORD OF FAITH, INC.	
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Principal Place of Business 9857 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514 US	Mailing Address P.O. BOX 15088 PENSACOLA, FL 32514 US
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04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3564945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIMEK, PAUL 8556 SCENIC HWY PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPAAR, TERRI 4339 FRED LANE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPAAR, TIMOTHY 4339 FRED LANE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'BRIEN, CAROLYN 2111 SUNBURY CIR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORR, CHARLOTTE 9857 DAVIS HWY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80058-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Timothy W. Spaar 4-25-06 850-346-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #