2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N20729

Entity Name: LIVING WORD OF FAITH, INC.

Current Principal Place of Business:

9857 NORTH DAVIS HIGHWYA
PENSACOLA, FL 32514 US

New Principal Place of Business:

9857 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514 US

Current Mailing Address:

P.O. BOX 15088
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3564945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIMEK, PAUL
8556 SCENIC HWY
PENSACOLA, FL 32514 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: VD ( ) Delete
Name: SPAAR, TERRI
Address: 4339 FRED LANE
City-St-Zip: PACE, FL 32571

Title: PD ( ) Delete
Name: SPAAR, TIMOTHY
Address: 4339 FRED LANE
City-St-Zip: PACE, FL 32571

Title: TD ( ) Delete
Name: O'BRIEN, CAROLYN
Address: 2111 SUNBURY CIR
City-St-Zip: PENSACOLA, FL 32526

Title: TD ( ) Delete
Name: ORR, CHARLOTTE
Address: `9857 DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TIMOTHY SPAAR PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date