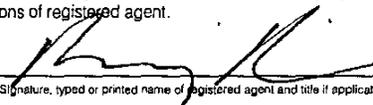
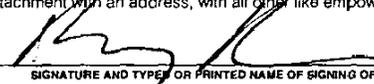


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90342 009 ****61.25

DOCUMENT # N22269			
1. Entity Name CHURCH OF THE LIVING WORD, INC.			
Principal Place of Business 6025 W. US 1 FORT PIERCE, FL 34946 US		Mailing Address 3605 16 ST APT 4 VERO BEACH, FL 32960 US	
2. Principal Place of Business 6099 n. u.s. #1 Suite, Apt. #, etc. Ft. Pierce, FL City & State		3. Mailing Address 6099 n. u.s. #1 Suite, Apt. #, etc. Ft. Pierce, FL City & State	
4. FEI Number 65-0027553		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HOPKINS, PHILLIP 7504 PENNY LANE FT. PIERCE, FL 34951		7. Name and Address of New Registered Agent Name: Bobby Hopkins Street Address (P.O. Box Number is Not Acceptable): 6099 n. u.s. #1 City: Ft. Pierce FL 34946	
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: 		President 4/13/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HOPKINS, PHILLIP STREET ADDRESS: 7504 PENNY LANE CITY-ST-ZIP: FT. PIERCE, FL	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Bobby Hopkins STREET ADDRESS: 6099 N. U.S. #1 CITY-ST-ZIP: Ft. Pierce, FL 34946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HOPKINS, BOBBY STREET ADDRESS: 6025 N US 1 CITY-ST-ZIP: FT. PIERCE, FL	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Larry masters STREET ADDRESS: P.O. Box 451 CITY-ST-ZIP: Ft. Pierce, FL 34954	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ROGERS, ARTHUR A. STREET ADDRESS: 6025 N US 1 CITY-ST-ZIP: FT. PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Evelyn Hopkins STREET ADDRESS: 6099 N. U.S. #1 CITY-ST-ZIP: Ft. Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: EPLIN, MARK STREET ADDRESS: 290 MN. HEADER CANAL RD CITY-ST-ZIP: FT. PIERCE, FL 34945	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 4/13/05 Day/Evening Phone #: (772) 465-4242	

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