

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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04122005 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		President <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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		DATE 4/13/05	
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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/13/05 Daytime Phone (772) 465-4242	

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