

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22269

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: LIVING WORD MINISTRY, INC.

## Current Principal Place of Business:

6099 N US 1  
FORT PIERCE, FL 34946 US

## New Principal Place of Business:

3003 RHODE ISLAND AVE.  
FORT PIERCE, FL 34947 US

## Current Mailing Address:

6099 N US 1  
FORT PIERCE, FL 34946 US

## New Mailing Address:

3003 RHODE ISLAND AVE.  
FORT PIERCE, FL 34947 US

FEI Number: 65-0027553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOPKINS, BOBBY  
6099 N US 1  
FORT PIERCE, FL 34946 US

## Name and Address of New Registered Agent:

HOPKINS, BOBBY  
3003 RHODE ISLAND AVE.  
FORT PIERCE, FL 34947 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOPKINS, BOBBY  
Address: 6025 N. US1  
City-St-Zip: FORT PIERCE, FL 34946

Title: SD ( ) Delete  
Name: HOPKINS, EVELYN  
Address: 6077 N. US1  
City-St-Zip: FORT PIERCE, FL 34946

Title: TD ( ) Delete  
Name: EPLIN, MARK  
Address: 290 N. HEADER CANAL RD.  
City-St-Zip: FT. PIERCE, FL 34958

Title: D (X) Delete  
Name: MILLER, TROY  
Address: 5155 COUNTY RD 114D  
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Delete  
Name: HINKLE, DON EXEC.  
Address: 4305 S. INDIAN RIVER DR.  
City-St-Zip: FORT PIERCE, FL 34982

## 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:

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: BOBBY HOPKINS

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date