

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2008
Secretary of State**

DOCUMENT# N22269

Entity Name: LIVING WORD MINISTRY, INC.

Current Principal Place of Business:

3003 RHODE ISLAND AVE.
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

3003 RHODE ISLAND AVE.
FORT PIERCE, FL 34947 US

New Mailing Address:

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
3003 RHODE ISLAND AVE.
FORT PIERCE, FL 34947 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: 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

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:

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

02/25/2008

Electronic Signature of Signing Officer or Director

Date