

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N26721

1. Entity Name

THE LIVING WORD GOSPEL CRUSADE INC.



FILED
Mar 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

865 S. ORANGE ST.
MONTICELLO FL 32344

Mailing Address

865 S. ORANGE ST.
MONTICELLO FL 32344



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, EDDIE J
865 S. ORANGE ST.
MONTICELLO FL 32344

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Eddie Lee

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

2/25/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	WHITFIELD, ROOSEVELT	1500 POPULAR ST	MONTICELLO FL 32344	
	LEE, EDDIE	865 S. ORANGE ST.	MONTICELLO FL 32344	
	WHITEFIELD, BETTY	545 POPLAR ST	MONTICELLO FL 32344	
	THOMPSON, RICKY	420 S RHODES ST	MONTICELLO FL 32344	
	PRIDE, LARRY	GEORGETOWN ROAD	MADISON FL	
	WHITFIELD, EVA	615 POPLAR ST	MONTICELLO FL 32344	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-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 exemptions contained in Section 119, 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:

Eddie Lee

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/07

997-1917

Date

Phone