

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N26721

1. Entity Name
THE LIVING WORD GOSPEL CRUSADE INC.



Principal Place of Business
865 S. ORANGE ST.
MONTICELLO, FL 32344

Mailing Address
865 S. ORANGE ST.
MONTICELLO, FL 32344

FILED

08 APR -7 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Ed Die Jones Lee

4/07/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Roosevelt Whitefield	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	615 Poplar St	
CITY-ST-ZIP	Monticello Fla 32344	
TITLE NAME	100122477541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	04/08/08--01001--005 **\$1.25	
CITY-ST-ZIP		
TITLE NAME	4/24/08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Eva M. Whitfield

4/7/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #