

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N28745

1. Entity Name
LIVING WORD MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
**19691 SE 115TH TERR
DUNNELLON, FL 34431 US**

Mailing Address
**19691 SE 115TH TERR
DUNNELLON, FL 34431 US**



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2912625

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILBRODT, CHARLES
19691 SE 115TH TERR
DUNNELLON, FL 34431**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILBRODT, CHARLES
STREET ADDRESS	910 W GRAYTHORN PL
CITY-ST-ZIP	TUCSON, AZ 85737
TITLE	D
NAME	MILBRODT, CATHY
STREET ADDRESS	910 W GRAYTHORN PL
CITY-ST-ZIP	TUCSON, AZ 85737
TITLE	D
NAME	LINDAUER, LEONARD
STREET ADDRESS	3582 N HIGHLAND
CITY-ST-ZIP	CLOVIS, CA 93611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000272136
03/21/05-80077-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEONARD LINDAUER 3/16/05 559-291-5697