

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90023 040 \*\*\*\*61.25

**DOCUMENT # N33711**

1. Entity Name

GOD'S LIVING WORD MINISTRIES INC.



Principal Place of Business

P.O. BOX 526  
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 526  
LAKE WORTH FL 33460

24018311



MOORE

CR2E037 (11/03)

2. Principal Place of Business

231 No. Federal Hwy  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLA

City & State

City & State

Zip  
33460

Country  
U.S.

Zip

Country

4. FEI Number

65-0100406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CARRIE  
1535 DOUGLAS ST  
LAKE WORTH FL 33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 ☐ Delete  
NAME WOODARD, CARRIE  
STREET ADDRESS 1535 DOUGLAS STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete  
NAME DAVIS, ROSELYN  
STREET ADDRESS 1513 SOUTH 15TH AVE  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete  
NAME DOLPHUS, GARY  
STREET ADDRESS 7881 PEBBLE BEACH CT  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete  
NAME MOTLOW, TIMOTHY  
STREET ADDRESS P.O. BOX 542441  
CITY-ST-ZIP LAKE WORTH FL 33454

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

CARRIE WOODARD Carrie woodard 2/28/04 561-585-9232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #