

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33711

FILED
Mar 05, 2005
Secretary of State

Entity Name: GOD'S LIVING WORD MINISTRIES INC.

Current Principal Place of Business:

231 NO. FEDERAL HWY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 526
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0100406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, CARRIE
1535 DOUGLAS ST
LAKE WORTH, FL 33460 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: TD () Delete
Name: WOODARD, CARRIE
Address: 1535 DOUGLAS STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: SD () Delete
Name: DAVIS, ROSELYN
Address: 1513 SOUTH 15TH AVE
City-St-Zip: LAKE WORTH, FL 33460

Title: PD () Delete
Name: DOLPHUS, GARY
Address: 7881 PEBBLE BEACH CT
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: MOTLOW, TIMOTHY
Address: P.O. BOX 542441
City-St-Zip: LAKE WORTH, FL 33454

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARRIE WOODARD

TD

03/05/2005

Electronic Signature of Signing Officer or Director

Date