

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N33711 1. Entity Name GOD'S LIVING WORD MINISTRIES INC.					
Principal Place of Business 231 NO. FEDERAL HWY LAKE WORTH FL 33460			Mailing Address P.O. BOX 526 LAKE WORTH FL 33460		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State 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 resigning) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WOODARD, CARRIE 1535 DOUGLAS STREET LAKE WORTH FL 33460	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, ROSELYN 1513 SOUTH 15TH AVE LAKE WORTH FL 33460	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOLPHUS, GARY 7881 PEBBLE BEACH CT LAKE WORTH FL 33467	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOTLOW, TIMOTHY P.O. BOX 542441 LAKE WORTH FL 33454	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ 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 *Carrice Woodward* 2/15/06 261-854232