

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N33711

1. Entity Name

GOD'S LIVING WORD MINISTRIES INC.



**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

WOODWARD, CARRIE  
1535 DOUGLAS ST  
LAKE WORTH FL 33460

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

*Carrie Woodward* *Carrie Woodward*

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

(NOTE: Registered Agent signature required when reinstating)

*2/4/07*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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-STATE-ZIP	<input type="checkbox"/> Delete
TD	WOODARD, CARRIE	1535 DOUGLAS STREET	LAKE WORTH FL 33460	<input type="checkbox"/>
SD	DAVIS, ROSELYN	1513 SOUTH 15TH AVE	LAKE WORTH FL 33460	<input type="checkbox"/>
PD	DOLPHUS, GARY	7881 PEBBLE BEACH CT	LAKE WORTH FL 33467	<input type="checkbox"/>
D	MOTLOW, TIMOTHY	P.O. BOX 542441	LAKE WORTH FL 33454	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

U000000628904  
02/16/07-80036-004 61.25

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:

*Carrie Woodward* *Carrie Woodward*

*2/4/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Printed)