## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36372

FILED Mar 24, 2004 Secretary of State

Entity Nar	me: LIVING W	ORD MINISTRIES TO HAITI,	INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
HAITI RUE BIAS: P-A-P H	SOU #10  AITI, WI	US	HAITI RUE BIASSOU #10 P-A-P, WI 12345 U	Js	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	I STREET EAS A, FL 34243	ST US			
FEI Number:	65-0189798	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
The above	ST W ON, FL 34209		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVP () HENRY, JOHN ' 509 50TH ST BRADENTON, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () LATAILLADE, P 7990 15TH ST. SARASOTA, FL	E.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () LATAILLADE, B 7990 15TH ST. SARASOTA, FL	E.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: BARBARA LATAILLADE DST 03/24/2004