## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36372

FILED Jan 16, 2009 Secretary of State

Entity Name: LIVING WORD MINISTRIES TO HAITI, INC.

Current Principal Place of Business: New Principal Place of Business:

601 12TH STREET WEST 3800 27TH PARKWAY

BRADENTON, FL 34205 US SARASOTA, FL 34235 US

Current Mailing Address: New Mailing Address:

AGAPE FLIGHT #2966 100 AIRPORT ROAD VENICE, FL 34285 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:

PERREY, PHILIP E

601 12TH ST.W.

BRADENTON, FL 34205 US

BURKE, JAMES F

3800 27TH PARKWAY

SARASOTA, FL 34235 US

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: JAMES F. BURKE 01/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

Name: LATAILLADE, PATRICK, Name:

Address: %AGAPE FLIGHTS #2966 100 AIRPORT AVENUE Address: City-St-Zip: VENICE, FL 34285 US City-St-Zip:

Title: DST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LATAILLADE, BARBARA,
 Name:

 Address:
 %AGAPE FLIGHTS #2966 100 AIRPORT AVENUE
 Address:

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:

Title: OFF ( ) Change (X) Addition

 Name:
 Name:
 JAMES F. BÜRKE,

 Address:
 Address:
 3800 27TH PARKWAY

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES F. BURKE OFF 01/16/2009