

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40993

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE WORD OF THE LIVING GOD MINISTRIES, INC.

Current Principal Place of Business:

149 NW 26 AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1111 NW 24 AVENUE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0234803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOHORN, JOHN
1111 NW 24 AVENUE
POMPANO BEACH, FL 33069 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: D () Delete
Name: MOHORN, JOHN
Address: 1111 NW 24TH AVENUE
City-St-Zip: POMPANO BCH, FL 33060

Title: D () Delete
Name: MOHORN, DELBERT
Address: 1111 NW 24TH AVENUE
City-St-Zip: POMPANO BCH, FL 33069

Title: D () Delete
Name: MOHORN, MELVIN
Address: 2851 NW 6TH COURT
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: JACKSON, JOYCE
Address: 360 NW 14TH ST.
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST () Delete
Name: PINKNEY, WILLIE
Address: 601 NW 15TH. AVE.
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: SMITH, LEONARD
Address: 2971 NW 7TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

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: WILLIE PINKNEY

ST

04/17/2009

Electronic Signature of Signing Officer or Director

Date