


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90052 030 ****70.00

DOCUMENT # N93000001132
 1. Entity Name
 LIVING WORD OPEN BIBLE, INC.




Principal Place of Business
 3900 N.W. 89TH AVE
 HOLLYWOOD, FL 33024 US

Mailing Address
 3900 N.W. 89TH AVE
 HOLLYWOOD, FL 33024 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

00040945



03212007 Chg-NP CR2E037 (12/06)

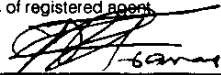
4. FEI Number
 65-0392963

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRANCIS, KARL A
 3900 N.W. 89TH AVE
 HOLLYWOOD, FL 33024

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  DATE 3/21/07

(NOTE: Registered Agent signature required when reinstating)

Filing 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCIS, KARL A	
STREET ADDRESS	3900 N.W. 89TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINES, LAVAL	
STREET ADDRESS	3900 N.W. 89TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELROSE, SMALLING	
STREET ADDRESS	165 NE 203RD TERRACE, #C 15	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, DYRIE M	
STREET ADDRESS	17395 SW 8TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH HAMILTON	
STREET ADDRESS	3900 N.W. 89th Ave	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 3/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #