2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

| DOCUMENT # N9300001132 1. Entity Name LIVING WORD OPEN BIBLE, INC. | | | | | | | 90008 036 ****7 | (8.75 |
|---|--|--|--|--|---|--|--|------------------------------------|
| Principal Place of Business 3900 N.W. 89TH AVE HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 | | | 4 US | | | | 1) BB// BB// 1015 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / 115 / | 5 #B)TL 21 (CT) |
| 2. Principal Place of Business - No P.O. Box # 3. 8900 Stirling Road | | 3. Mailing Address SAME | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02062008 | Chg-NP | CR2E037 (12/06 |) | |
| City & State Cooper City FL | | City & State | | 4. FEI:Number 65-0392 | 963 | - | Applied For Not Applicable | |
| Zip 33024 | Country US - | Zip | Country | | 5. Certificate o | f Status Desired | \$8.75 A | dditional |
| | 6. Name and Address of Current F | tegistered Agent | | | 7. Name and A | Address of New R | egistered Agent | |
| FRANCIS, KARL A | | | | Name Francis, Kärl A | | | | |
| 3900 N.W. 89TH AVE HOLLYWOOD, FL 33024 | | | Str | Street Address (P.O. Box Number Is Not Acceptable) 8900 Stirling Road | | | | |
| | | | Cit | ty | | ··· | F ≰ Zin Ci | ode. |
| | | | | Cooper City FL ad office or registered agent, or both, in the State of Florida. I am fami | | | | 024 |
| | ilons of registered agent. Signature, young or printed name of registered agent a | | | | when reinstating) | | DATE | |
| | · | | | | =- | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Cam Trust Fund Co | palgn Financ | cing | \$5.00 May Be Added to Fees | Fior | ake check payable ida Department of | State |
| 10. | Due by May 1, 2008 OFFICERS AND DIR | 9. Election Cam Trust Fund Co | ipalgn Financontribution. | cing | \$5.00 May Be Added to Fees | Fior | ida Department of | State IN 10 |
| 10. TITLE NAME | Due by May 1, 2008 | 9. Election Cam Trust Fund Co | paign Financ ontribution. | cing 🗆 | \$5.00 May Be Added to Fees | Fior | ida Department of | State IN 10 |
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replaced on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under out; 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 executive time all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR