

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001195

FILED
May 12, 2009
Secretary of State

Entity Name: LIVING WORD INTERNATIONAL MINISTRIES CENTER, INC.

Current Principal Place of Business:

370 E PROSPECT RD
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 191
FT LAUDERDALE, FL 33302

New Mailing Address:

PO BOX 191
FORT LAUDERDALE, FL 33302

FEI Number: 65-6140528 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SESSION, SHIRLEY
530 ALABAMA AVE
FT LAUDERDALE, FL 33312 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: PD () Delete
Name: SESSION, ROBERT
Address: 530 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VD () Delete
Name: SESSION, SHIRLEY
Address: 530 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: SD () Delete
Name: LOWE, LANDA
Address: 3398 NW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33111

Title: TD () Delete
Name: LOWE, CLYDE
Address: 3391 NW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SESSION, ROBERT S
Address: 530 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

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

Title: SD (X) Change () Addition
Name: LOWE, LINDA F
Address: 3398 NW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33111

Title: TD (X) Change () Addition
Name: LOWE, CLYDE T
Address: 3391 NW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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: ROBERT S SESSION

PD

05/12/2009

Electronic Signature of Signing Officer or Director

Date