2008 NOT-FOR-PROFIT CORPORATION

FILED 2008 08:00 AN ate

ANNUAL REPORT				Apr 21, 2000 00.0
DOCUMENT # N9400003846				Secretary of St
Entity Name THE LIVING WORD HOLY CHURCH INC.				
)	NO WORD HOLY OHOROTT			
Principal Plac	ce of Business	Mailing Address		
691 A BROA		691 A BROAD ST		
PENSACOLA,	, FL 32534	PENSACOLA, FL 32534		1784//41 818 (911) 2/14 8/1/1 8
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DO NOT WRITE IN THIS SPAC			CE	
				04172008 No Chg-NP
				4. FEI Number Applied For 59-3268429 Not Applicable
				5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		i ee requies
BEASLEY, SAMUEL E				DO NOT WRITE
691 A BRÓAD ST PENSACOLA, FL 32534				
7 ENGAGOEA, 1 E 32334				IN THIS SPACE
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If am fafavliar with, and accept the obligations of registered agent.				
SIGNATURAMENT Specify General E. Jessele 4 15/08				
14	Signature, typed du processame of redistated agent and	the applicable (NOTE: Registere	d Agent signature required	d when reinstating) DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finar Trust Fund Contribution		.00 May Be U00000913179 led to Fees 05/08/08-80005-023 61.25
10.	OFFICERS AND DI		_ ·····	557 667 65 76065 -023 61.23
TITLE	DP OFFICERS AND DI	RECTORS	1	1
NAME STREET ADDRESS	BEASLEY, SAMUEL E 691 - A BROAD STREET			
CITY-ST-ZIP	PENSACOLA, FL 32534			
TITLE NAME	DST BEASLEY, BRENDA K			
STREET ADDRESS CITY-ST-ZIP	630 EAST CROSS STREET			İ
THILE	PENSACOLA, FL 32503 DT		•	
NAME STREET ADDRESS	BEASLEY, CURTIS 691A BROAD STREET		5	
CITY- SI - ZIP	PENSACOLA, FL 32534		ļ	DO NOT WRITE
TITLE NAME				IN THIS SPACE
STREET ADDRESS			·	
CITY-ST-ZIP			ł	
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE			1	
NAME STREET ADDRESS				
CITY-ST ZIP		Continue de la contraction de		Observation Florida Characteristics
12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 exegure this required by Chapter 617, Florida Statutes, and that my name appears in Block 11 if				
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 16 or Block 11 if changed, or on an attachment with an address with all other the empowered.				
SIGNATURE: / Stand 1 100 1 15/05/8505 9673				

SIGNING OFFICER OF DIRECT

Cate

Daytime Phone #

SIGNATURE:

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