

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90311 047 \*\*\*\*61.25

**DOCUMENT # N95000003464**

1. Entity Name  
LIVING WORD CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business  
6969 CHEROKEE DR  
ZELLWOOD, FL 32798-0569

Mailing Address  
P. O. BOX 390  
ZELLWOOD, FL 32798-0569

14013004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3106171

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

POLLOCK, CLYDE SR.  
6775 HOLLY STREET  
ZELLWOOD, FL 32798

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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	POLLOCK, CLYDE R SR	
STREET ADDRESS	6775 HOLLY STREET	
CITY-STATE-ZIP	ZELLWOOD, FL 32798	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POLLOCK, BARBARA B SR	
STREET ADDRESS	6775 HOLLY STREET	
CITY-STATE-ZIP	ZELLWOOD, FL 32798	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEBB, DEHORAH	
STREET ADDRESS	6775 HOLLY STREET	
CITY-STATE-ZIP	ZELLWOOD, FL 32798	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARNES, LA TASHA	
STREET ADDRESS	3825 HOLLY CT	
CITY-STATE-ZIP	ZELLWOOD, FL 32798	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HENDERSON, TEQUILA	
STREET ADDRESS	3726 GEORGE MARTIN RD	
CITY-STATE-ZIP	ZELLWOOD, FL 32798	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Pollock, Barbara B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Webb, Deborah	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara B. Pollock Barbara B. Pollock

Date

4/27/04

Daytime Phone #

352-735-1721