

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003464

FILED  
Apr 22, 2006  
Secretary of State

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

**Current Principal Place of Business:**

6969 CHEROKEE DR  
ZELLWOOD, FL 327980569

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 390  
ZELLWOOD, FL 327980569

**New Mailing Address:**

**FEI Number:** 59-3106171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

POLLOCK, CLYDE SR.  
6775 HOLLY STREET  
ZELLWOOD, FL 32798 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: POLLOCK, CLYDE R SR  
Address: 6775 HOLLY STREET  
City-St-Zip: ZELLWOOD, FL 32798

Title: VPD ( ) Delete  
Name: POLLOCK, BARBARA B  
Address: 6775 HOLLY STREET  
City-St-Zip: ZELLWOOD, FL 32798

Title: SD ( ) Delete  
Name: WEBB, DEBORAH  
Address: 6500 HILLTOP RD  
City-St-Zip: ORLANDO, FL 328104244

Title: TD ( ) Delete  
Name: BARNES, LA TASHA  
Address: 300 ATWATER AVE, # 610  
City-St-Zip: EUSTIS, FL 32726

Title: AS ( ) Delete  
Name: HENDERSON, TEQUILA  
Address: 3726 GEORGE MARTIN RD  
City-St-Zip: ZELLWOOD, FL 32798

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA POLLOCK

VPD

04/22/2006

Electronic Signature of Signing Officer or Director

Date