

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003464

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: LIVING WORD FAITH COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

6600 WILLOW ST  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 390  
ZELLWOOD, FL 32798

**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:**

WEBB, DEBORAH P  
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, BARBARA  
Address: 6775 HOLLY STREET  
City-St-Zip: ZELLWOOD, FL 32798

Title: VPD      ( ) Delete  
Name: WEBB, DEBORAH P  
Address: 6775 HOLLY ST  
City-St-Zip: ZELLWOOD, FL 32798

Title: AS      ( ) Delete  
Name: BROKENBOROUGH, LOVENIA  
Address: 7014 HOLLY ST  
City-St-Zip: ZELLWOOD, FL 32798

Title: SD      ( ) Delete  
Name: AIKEN, CATHY  
Address: 1605 LONG LANE  
City-St-Zip: APOPK, FL 32703

Title: TD      ( ) Delete  
Name: FLAKES, JEROME  
Address: 236 W 10TH STREET  
City-St-Zip: APOPKA, FL 32703

**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 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: DEBORAH P WEBB

VPD

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date