

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90297 018 ****69.00

DOCUMENT # N95000004504

1. Entity Name
LIVING FAITH MINISTRIES INTERNATIONAL INC.



Principal Place of Business
**13233 CURRITUCK DRIVE S.
JACKSONVILLE, FL 32225**

Mailing Address
**13233 CURRITUCK DR. S.
JACKSONVILLE, FL 32225**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3334317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, SAMUEL C
13233 CURRITUCK DRIVE SOUTH
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANDERS, SAMUEL C.
STREET ADDRESS 13233 CURRITUCK DR SOUTH
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD
NAME SANDERS, WANDA E.
STREET ADDRESS 13233 CURRITUCK DR SOUTH
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD
NAME SANDERS, BETHANY H.
STREET ADDRESS 13233 CURRITUCK DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wanda E. Sanders **Wanda E. Sanders** 4/25/06 (904) 321-1355