


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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
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04212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3334317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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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: Wanda E. Sanders **Wanda E. Sanders** 4/21/07 904-221-1355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR