

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004504

FILED
Apr 02, 2009
Secretary of State

Entity Name: LIVING FAITH MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

13233 CURRITUCK DRIVE S.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13233 CURRITUCK DR. S.
JACKSONVILLE, FL 32225

New Mailing Address:

13233 CURRITUCK DRIVE S.
JACKSONVILLE, FL 32225

FEI Number: 59-3334317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, SAMUEL C
13233 CURRITUCK DRIVE SOUTH
JACKSONVILLE, FL 32225 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: SANDERS, SAMUEL C.
Address: 13233 CURRITUCK DR SOUTH
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: SANDERS, WANDA E.
Address: 13233 CURRITUCK DR SOUTH
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: SHAFFER, BETHANY H.
Address: 5844 BRUSH HOLLOW RD.
City-St-Zip: JACKSONVILLE, FL 32258

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:

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: WANDA E. SANDERS

VD

04/02/2009

Electronic Signature of Signing Officer or Director

Date