


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004785 1. Entity Name LIVING WORD CHURCH INTERNATIONAL, INC.	
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Principal Place of Business 2480 QUEBEC AVE S ST PETERSBURG, FL 33712	Mailing Address PO BOX 12093 33733 SAINT PETERSBURG, FL 33733
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04092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3353434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIMMONS, BRENDA J 2480 QUEBEC AVE S ST PETERSBURG, FL 33712
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**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000706904
04/24/07-80053-014 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMMONS, TED E 2480 QUEBEC AVE S ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIMMONS, BRENDA J 2480 QUEBEC AVE S ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SCOTT, FAYETTE 15049 TOPAZ LANE, #A CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  04/09/07 7279535841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #