

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001131

FILED
Apr 24, 2009
Secretary of State

Entity Name: LIVING WORD MINISTRIES, INC.

Current Principal Place of Business:

2900 N. TAMIAMI TRAIL
N. FT. MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

2900 N. TAMIAMI TRAIL
N. FT. MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0665732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLISON, JOHN L
1653 WHITE PLAINS TERRACE
N. FT. MYERS, FL 33903 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: ALLISON, JOHN L REV.
Address: 1653 WHITE PLAINS TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD () Delete
Name: ALLISON, PHYLLIS A
Address: 1653 WHITE PLAINS TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD () Delete
Name: STRUNK, RHONDA L
Address: 5111 6TH STREET, WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: GIBSON, MARK
Address: 1130 TRAVIS AVENUE
City-St-Zip: N. FT. MYERS, FL 33903

Title: TD () Delete
Name: STRUNK, JR., BENJAMIN D
Address: 216 MAINE AVENUE
City-St-Zip: FT. MYERS, FL 33905

Title: D () Delete
Name: LEVERONE, SEAN P
Address: 928 SW 28TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

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:

Title: D (X) Change () Addition
Name: LEVERONE, SEAN P
Address: 250 LAKEVIEW DRIVE
City-St-Zip: N. FT. MYERS, FL 33914

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: JOHN L. ALLISON

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date