


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N96000004322	
1. Entity Name RIVER ROAD'S LIVING WORD MINISTRIES, INCORPORATED	

Principal Place of Business 22787 CR 121 HILLIARD, FL 32046	Mailing Address 22787 CR 121 HILLIARD, FL 32046 US
---	--

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-1507079	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

DEAN, ROBERT E JR.
37011 PLEASANT PARK LANE
HILLIARD, FL 32046

**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

U00000477899

04/06/06-80061-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAN, ROBERT E JR. 37011 PLEASANT PARK LANE HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEAN, MARTHA G 37011 PLEASANT PARK LANE HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, PAUL 968 DEER SPRING DRIVE JACKSONVILLE, FL 32221
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: MARTHA G DEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06
Date

904 388-2373
Daytime Phone #