

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004347

FILED  
Jul 19, 2009  
Secretary of State

**Entity Name:** LIVING FAITH BAPTIST CHURCH INC. OF CRESTVIEW, FLORIDA

**Current Principal Place of Business:**

837 W JAMES LEE BLVD  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

837 W JAMES LEE BLVD  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 59-2919139      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ORSA, ANDREW J  
5333 OLIN MERRITT  
BAKER, FL 32531      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: ORSA, ANDREW J  
Address: 5333 OLIN MERRITT  
City-St-Zip: BAKER, FL 32531

Title: D      ( ) Delete  
Name: BOOKER, RICKEY  
Address: 1535 S. PEARL ST  
City-St-Zip: CRESTVIEW, FL 32539

Title: D      ( ) Delete  
Name: PETTIS, DAVID  
Address: 148 JONES RD  
City-St-Zip: CRESTVIEW, FL 32536

Title: ST      ( ) Delete  
Name: SLATER, DORIS P  
Address: 72 OLD MILLIGAN RD  
City-St-Zip: CRESTVIEW, FL 32536

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: NEAL, DAVID  
Address: 103 W HICKORY AVENUE  
City-St-Zip: CRESTVIEW, FL 32536

Title: ST      (X) Change ( ) Addition  
Name: SLATER, DORIS P  
Address: 6377 HWY 393  
City-St-Zip: CRESTVIEW, FL 32539

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: ANDREW J ORSA

PD

07/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date