2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005
Secretary of State

DOCUMENT# N97000004799

Entity Name: LIVING WORD MINISTRIES OF SARASOTA, INC.

Current Principal Place of Business:

455 N LIME AVE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

455 N LIME AVE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0787494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

PITTS, JERRY L
459 N LIME AVE
SARASOTA, FL 34237 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: D ( ) Delete
Name: BARNES, PAULETTE
Address: 4601 TRI PAR DR, #101
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: GILMER, IRENE
Address: 2112 14TH AVE E
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete
Name: PITTS, JERRY
Address: 2701 YAMADA LN
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: KENDRICK, EVA
Address: 1746 32ND STREET
City-St-Zip: SARASOTA, FL 34234

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. JERRY L. PITTS DIR 09/01/2005
Electronic Signature of Signing Officer or Director — Date