

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004799

FILED
Mar 08, 2009
Secretary of State

Entity Name: LIVING WORD MINISTRIES OF SARASOTA, INC.

Current Principal Place of Business:

4688 N SHADE AVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1573
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0787494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTS, JERRY L
4688 N SHADE AVE
SARASOTA, FL 34234 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: 4688 N SHADE AVE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: PITTS, JERRY L
Address: 4688 N SHADE AVE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: WHITAKER, MICHELLE L
Address: 2456 NW HOWARD AVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: HENDERSON, TEIMA
Address: 413 N BRIGGS AVE # 508
City-St-Zip: SARASOTA, FL 34237

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 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: JERRY L. PITTS

D

03/08/2009

Electronic Signature of Signing Officer or Director

Date