

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004799

**FILED**  
**Apr 29, 2010**  
**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  
**Name:** BARNES, PAULETTE  
**Address:** 4688 N SHADE AVE  
**City-St-Zip:** SARASOTA, FL 34234

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** JERRY L PITTS

DIR

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date