

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006713

FILED
Apr 10, 2009
Secretary of State

Entity Name: LIVING WORD ASSEMBLY WORSHIP CENTER, INC.

Current Principal Place of Business:

615 STAFFORD LANE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

615 STAFFORD LANE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-3482393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, DOREATHA
4925 SPRINGHILL DRIVE
PENSACOLA, FL 32503 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: PTD () Delete
Name: COLEMAN, DOREATHA
Address: 4925 SPRINGHILL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: VPD () Delete
Name: COLEMAN, MICHAEL
Address: 4925 SPRINGHILL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: COLEMAN, VICTORIA T
Address: 711 MONTCLAIRE RD
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: SMITH, DORIS
Address: 6710 BELLVIEW PINE RD
City-St-Zip: PENSACOLA, FL 32526

Title: SD () Delete
Name: COLEMAN, DOREATHA L
Address: 4925 SPRINGHILL DR
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: COLEMAN, MICHELLE A
Address: 4925 SPRINGHILL DR
City-St-Zip: PENSACOLA, FL 32503

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:

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: DOREATHA COLEMAN

PTD

04/10/2009

Electronic Signature of Signing Officer or Director

Date