

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007296

FILED  
Jan 06, 2007  
Secretary of State

**Entity Name:** THE LIVING WORD CHRISTIAN CENTER INC.

**Current Principal Place of Business:**

566 BARTON BLVD  
SUITE D  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

566 BARTON BLVD  
SUITE D  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

DUKES, JEROME  
1803 HUDSON DRIVE  
ROCKLEDGE, FL 32955 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: DUKES, JEROME  
Address: 566 BARTON BLVD STE D  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete  
Name: DUKES, JACQUELINE B  
Address: 566 BARTON BLVD STE D  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: KEYS, RICHARD  
Address: 566 BARTON BLVD STE D  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TS ( ) Delete  
Name: ERVING, DEBRA E  
Address: 2965 WESTWOOD DRIVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: THOMPkins, YETTIE M  
Address: 566 BARTON BLVD STE D  
City-St-Zip: ROCKLEDGE, FL 32955

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEROME DUKES

PD

01/06/2007

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

\_\_\_\_\_  
Date