2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N99000000845

Entity Name: LIVING WORD MINISTRIES, CHRISTIAN CENTER, INC.

Current Principal Place of Business:

3910 NW 167TH STREET
UNITS #3910 & 3912
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

4440 NW 168TH TERRACE
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 31-1633361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, ANTHONY B
4440 NW 168TH TERRACE
CAROL CITY, FL 33055 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: JACKSON, ANTHONY B
Address: 4440 NW 168TH TERRACE
City-St-Zip: CAROL CITY, FL 33055

Title: VD ( ) Delete
Name: JACKSON, PAMELA L
Address: 4440 NW 168TH TERRACE
City-St-Zip: CAROL CITY, FL 33055

Title: TD ( ) Delete
Name: GIBBS, BARRY
Address: 11730 SW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33082

Title: SD ( ) Delete
Name: KEEL, TAMESHA L
Address: 14020 BISCAYNE BLVD., APT. #810
City-St-Zip: NORTH MIAMI, FL 33181

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: ANTHONY B. JACKSON PD 04/22/2005

Electronic Signature of Signing Officer or Director — Date