

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002513

FILED
Mar 29, 2007
Secretary of State

Entity Name: LIVING WITNESS MINISTRIES INC.

Current Principal Place of Business:

5800 N FLOIRDA AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

5809 AVENTURA COURT
TAMPA, FL 33625

New Mailing Address:

FEI Number: 75-3182659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRK, JR, ALFONSO
5809 AVENTURA COURT
TAMPA, FL 33625 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: C () Delete
Name: KIRK, JR, ALFONSO
Address: 5809 AVENTURA COURT
City-St-Zip: TAMPA, FL 33625

Title: P () Delete
Name: KIRK, MELANIE M
Address: 5809 AVENTURA COURT
City-St-Zip: TAMPA, FL 33625

Title: T () Delete
Name: COLEMAN, CHRISTOPHER G
Address: 16934 FALCONRIDGE ROAD
City-St-Zip: LITHIA, FL 33547

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:

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: ALFONSO KIRK JR.

C

03/29/2007

Electronic Signature of Signing Officer or Director

Date