

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002538

FILED
Jan 05, 2005
Secretary of State

Entity Name: LIVING WORD FAMILY CHURCH, INC.

Current Principal Place of Business:

519 WEST STREET
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

519 WEST STREET
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3534712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSLEIN, PAUL REV.
333 SPIDER LILY LN
NAPLES, FL 34119 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: FOSLEIN, PAUL REV.
Address: 510 3RD STREET SW
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: FOSLEIN, MARIA REV.
Address: 510 3RD STREET SW
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: HAMMOND, JAMES M REV.
Address: 9201 75TH AVE NORTH
City-St-Zip: BROOKLYN PARK, MN 55442

Title: PD () Delete
Name: FOSLIEN, PAUL REV
Address: 383 SPIDER LILY LN
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: FOSLIEN, MARIA REV
Address: 333 SPIDER LILY LN
City-St-Zip: NAPLES, FL 34119

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: PAUL FOSLIEN

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date