2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N99000002538

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:

5600 TRAIL BLVD. SUITE # 5
NAPLES, FL 34108

New Mailing Address:

7550 MISSION HILLS DR.
314
NAPLES, FL 34119

FEI Number: 59-3534712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOSLIEN, PAUL REV.
333 SPIDER LILY LN
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

FOSLIEN, PAUL REV.
7550 MISSION HILLS DR.
314
NAPLES, FL 34119 US

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: PAUL FOSLIEN 03/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOSLIEN, PAUL REV.
Address: 333 SPIDER LILY LANE
City-St-Zip: NAPLES, FL 34119

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOSLIEN, PAUL REV.
Address: 14821 FRIPP ISLAND CT
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change ( ) Addition
Name: FOSLIEN, MARIA REV.
Address: 14821 FRIPP ISLAND CT
City-St-Zip: NAPLES, FL 34119

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: PAUL FOSLIEN PD 03/12/2008
Electronic Signature of Signing Officer or Director Date