

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002538

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** LIVING WORD FAMILY CHURCH, INC.

**Current Principal Place of Business:**

10910 IMMOKALEE RD  
NAPLES, FL 34120 US

**New Principal Place of Business:**

**Current Mailing Address:**

7550 MISSION HILLS DR.  
314  
NAPLES, FL 34119 US

**New Mailing Address:**

**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.  
7550 MISSION HILLS DR.  
314  
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  
Name: FOSLIEN, PAUL REV.  
Address: 14821 FRIPP ISLAND CT  
City-St-Zip: NAPLES, FL 34119 US

Title: D  
Name: FOSLIEN, MARIA REV.  
Address: 14821 FRIPP ISLAND CT  
City-St-Zip: NAPLES, FL 34119 US

Title: D  
Name: COOKE, ANTHONY REV.  
Address: 4400 WEST IOLA ST  
City-St-Zip: BROKEN ARROW, OK 74012 US

Title: D  
Name: JANE, MCDONNOUGH REV.  
Address: 4902 EAST BUSCH BLVD  
City-St-Zip: TAMPA, FL 33617 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL T FOSLIEN

PD

01/11/2012

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

\_\_\_\_\_  
Date