

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000031586

1. Entity Name  
LIVING WAY BIBLE BOOK STORE, INC.



Principal Place of Business

890 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

Mailing Address

890 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0659786

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOOPER, LARRY K  
29625 SW 177TH AVENUE  
HOMESTEAD, FL 33030

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*June MacDougal*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/14/05*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1111001180147  
01/13/05-80047-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
MACDOUGAL, JUNE  
1421 NE 9TH COURT  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
MARSHBURN, CHERYL  
1431 NE 9TH COURT  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*June MacDougal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/14/05 305285-5245*  
*work*