

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004962

Entity Name: LIVING WORD CHRISTIAN CENTER INTERNATIONAL
MINISTRIES, INC.**Current Principal Place of Business:**3301 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33065**Current Mailing Address:**3301 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33065 US**FEI Number: 65-0971051****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WALTERS, ORAL S
3906 SANCTUARY DRIVE
CORAL SPRINGS, FL 33065 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WALTERS, ORAL S
Address	3906 SANCTAURY DRIVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREASURER
Name	WALTERS, SANDRA J
Address	3906 SANCTAURY DRIVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	PLUMMER, MARCIA
Address	4970 SW 6TH STREET
City-State-Zip:	MARGATE FL 33068

Title	DIRECTOR
Name	YOUNG, MARCIA V
Address	8277 NW 2ND MANOR
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	BENT, BRIAN
Address	6118 NW 62ND TER.
City-State-Zip:	PARKLAND FL 33067

Title	DIRECTOR
Name	BENT, NOVIA
Address	6118 NW 62ND TER.
City-State-Zip:	PARKLAND FL 33067

Title	DIRECTOR
Name	DAYE, JOSEPH
Address	7153 NW 40TH ST
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	HUMPHREY, LEB A
Address	4342 NW 40TH TER.
City-State-Zip:	COCONUT CREEK FL 33073

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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: ORAL S WALTERS**PRESIDENT****03/24/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name IHESIULO, PRINCE
Address 2864 CORAL SPRINGS DR
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name SHERMAN, RENNEIL
Address 3100 NW 72ND AVE
City-State-Zip: MARGATE FL 33063