FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 764274

(7)

LIVING WORD FELLOWSHIP, INC.

| | a wond recombinity in | 101 | | | | 1184 AMII AMII A | 1 2 14 1 11111 |
|--|---|---|--|---|---|-------------------------------|---|
| Principal Place of Business | | Mailing Address | Mailing Address | | | | |
| 1815 WILSON AVE PANAMA CITY FL 32405 | | 1815 WILSON AVE PANAMA CITY FL 32405 | | | | | |
| | | | | | 3. Date incorporated or Qualified 07/23/1982 | 3a. Date of La | ' |
| 2. Principal I | Place of Business | 2a. Mailing Address | Mailing Address | | 4. FEI Number | 04/12/ | Applied For |
| 21 | | 26 | 26 | | 59-2219457 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | the state of the s | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | |
| City & State | | City & State | City & State | | Election Campaign Financing Trust Fund Contribution | | .00 May Be ded to Fees |
| Z ip | Country Zip | | Country | | This corporation has liability for Intangular | | |
| 24 | | | 30 | Florida Statutes Yes No | | 0. 100.002, | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | |
| | | | 61 | Name | | | |
| HALL, KEN | | | 62 | Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| 2523-B CEDAR LANE PANAMA CITY FL 32405 | | | 83 | <u> </u> | | | · · · · · · · · · · · · · · · · · · · |
| PANAN | IA OHT PL 32403 | | | | | | |
| | | | 84 | 1 | | FLIII | Zip Code |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 917.0503, Florida Statutes. | | | | | | | |
| SIGNATURE | a Kennete | Hall (In) | <i>f</i> ₁) | | | | |
| 12. | Signature, typed or printed name of registered agent and title if applicable. NOTE: OFFICERS AND DIRECTORS | | | Registered Agent signal are required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | VD | DELETE | 1.1 TITLE | | ADDITIONO/OFFICER | Change | |
| NAME | JOHNS, LARRY | | 1.2 NAME | | | | _ |
| STREET ADDRESS | 1728 PALMETTO AVE. | | 1.3 STREET | ADORESS | | | |
| CITY-ST-ZIP | PANAMA CITY FL 32401-1 | | 1.4 CITY-5 | T-ZIP | | | |
| TITLE | | | 21 TITLE | | | ☐ Change | Addition |
| NAME CARLET ADDRESS | RUSSELL, HARLOW | | 2.2 NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | O TOO I THINK OTTICE! | | 2.3 STREET | | | | |
| TITLE | PD PD | | | ST-ZIP | | Change | Addition |
| NAME | HALL, KEN | _ | 3.2 NAME | | | | , [],,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STREET ADDRESS | 2523-B CEDAR LANE | | 3.3 STREE1 | ADDRESS | | | |
| CITY - ST - ZIP | PANAMA CITY FL | | 3.4. CITY- | ST-ZIP | | | |
| TITLE | SO DELETE | | 4.1 TITLE | | | ☐ Change | Addition |
| NAME | PORTER, MEL | | 4. 2 NAME | | | | ĺ |
| STREET ADDRESS | EOSO D OLDAN DANE | | 4.3 STREET | ADDRESS | | | |
| CITY - S1 - ZIP | PANAMA CITY FL | | 4.4 CITY - S | T-ZIP | | | |
| TITLE | 1 | DEFELE | 5 1 TITLE | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | 5 2 NAME | ****** | | | |
| CITY-ST-ZIP | | | 5.3 STREET | | | | |
| TITLE | | DELETE | 5.4 CITY - S 6.1 TITLE | 1-219 | | Change | Addition |
| NAME | | | 6.2 NAME | | | CT Astronom | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | Į |
| CITY-ST-ZIP | | | 6.4 City-S | | | | 1 |
| | by certify that the information supplies | d with this filing is voluntarily furnish | ned and doe | s not qualify | for the exemption stated in Section 119.07(3)(| (k), Florida Stati | utes. I further |

ceruity that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.

Daytime Phone #