

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90119 039 ****61.25

000969

DOCUMENT # 764274

1. Corporation Name

LIVING WORD FELLOWSHIP, INC.

Principal Place of Business

1815 WILSON AVE
PANAMA CITY FL 32405

Mailing Address

1815 WILSON AVE
PANAMA CITY FL 32405



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/23/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2219457
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution ☐
24	25	29
30		

9. Name and Address of Current Registered Agent

HALL, KEN
2523-B CEDAR LANE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, LARRY	1.2 NAME	
STREET ADDRESS	1728 PALMETTO AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401-1021	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	HALL, KEN	2.2 NAME	
STREET ADDRESS	2523-B CEDAR LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRIEND, RODNEY	3.2 NAME	
STREET ADDRESS	1804 SUTHERLAND RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LAMB, DARRIEL	4.2 NAME	
STREET ADDRESS	1205 DUNDEE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Richard D. Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD DARRIEL LAMB

3-15-99

Date

850-764-0279

Daytime Phone #

CR2E037 (1/98)