

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90005 013 ****61.25

0046079

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N27389

1. Corporation Name

LIVING WORD INTERNATIONAL, INC.

Principal Place of Business

7255 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address

7255 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/12/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WATSON, MIKE
398 W CAMINO GARDENS BLVD #206
BOCA RATON FL 33432**

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

TITLE ☐ DELETE

NAME **DP
VAUGHN, GERALD W., II**
STREET ADDRESS **7255 S. MILITARY TR**
CITY-ST-ZIP **LAKE WORTH FL 33436**

TITLE ☐ DELETE

NAME **DV
PETERS, TOM C.**
STREET ADDRESS **4117 ALPINIA CT. N**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ DELETE

NAME **DVS
BRIGGS, DAVID**
STREET ADDRESS **1835 CARANDIS RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33416**

TITLE ☐ DELETE

NAME **ST
VAUGHN, TERESA**
STREET ADDRESS **7255 S. MILITARY TRAIL**
CITY-ST-ZIP **LAKE WORTH FL 33436**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Gerald W. Vaughn II* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-98

Date

561-965-4166

Daytime Phone #

CR2E037 (11/98)