FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
9[illegible]-1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50698** **(2)**

1. Corporation Name
THE WORD ALIVE FELLOWSHIP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
313 NE 1ST ST BOYNTON BEACH FL 33435	313 NE 1ST ST BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: **08/31/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0391333** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ Please email — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BEW, ROBERT
313 NE 1ST ST
BOYNTON BEACH FL 33435

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☑ Addition
NAME	BEW, ROBERT	12 NAME	PD BEW, Robert
STREET ADDRESS	313 NE 1ST ST.	13 STREET ADDRESS	313 N.E. 1st St.
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	LENART, STEVE	22 NAME	
STREET ADDRESS	1557 MANOR AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WADDELL, CAROL	32 NAME	
STREET ADDRESS	4862 CHERRY RD.	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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.

SIGNATURE: Robert Allen Bew Jr. 4/28/95 407-732-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert Allen Bew Jr.

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