

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT **98-1999**



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

FILED
 MAR 26 AM 10:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N50698
 1. Corporation Name
 The Word Alive Fellowship, Inc.

Principal Place of Business Mailing Address
 313 NE 1st St. 313 NE 1st St.
 Boynton Beach, FL Boynton Beach, FL
 33435 33435

REINSTATEMENT

98-99ad

2. Principal Place of Business 21 1302 Waterview Cir. Suite, Apt. #, etc.	2a. Mailing Address 26 1302 Waterview Cir. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 8/31/92
22 N/A City & State	27 N/A City & State	4. FEI Number 65-0391333
23 Palm Springs, FL Zip Country	28 Palm Springs, FL Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 33461 25 USA	29 33461 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
 Robert Bew
 313 N.E. 1st St.
 Boynton Beach, FL 33435

10. Name and Address of New Registered Agent
 81 Name Robert Bew
 82 Street Address (P.O. Box Number is Not Acceptable)
 2480 Treasure Isle Dr.
 83
 84 City Palm Beach Gardens FL 85 Zip Code 33410

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 Robert Allen Bew Jr. (Robert Allen Bew Jr.) 3/24/99
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	P	<input type="checkbox"/> DELETE
NAME	Robert Bew	
STREET ADDRESS	313 N.E. 1st St.	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	George Andrews	
STREET ADDRESS	321 Orange Way	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	Steve Lenart	
STREET ADDRESS	1557 Manor Ave.	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Bew	
1.3 STREET ADDRESS	2480 Treasure Isle Dr.	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nicole Kreflas	
2.3 STREET ADDRESS	1302 Waterview Cir.	
2.4 CITY-ST-ZIP	Palm Springs, FL 33461	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Melinda Schuster	
3.3 STREET ADDRESS	1914 S. Lake Ave.	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002829681	
5.3 STREET ADDRESS	-04/05/99 -- 01130 -- 001	
5.4 CITY-ST-ZIP	****305.75 ****305.75	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Allen Bew Jr. 3/7/99 561-642-1967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)