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Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003119 (3)
1. Corporation Name
THE WHOLE WORD CHRISTIAN ACADEMY, INC.



Principal Place of Business 11410 LINCOLN BLVD. MIAMI FL 33176	Mailing Address 11410 LINCOLN BLVD. MIAMI FL 33176-7345
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3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report 08/01/1996
4. FEI Number 64-0592266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

CULMER WILLIAMS, DIANNE
11410 LINCOLN BLVD.
MIAMI FL 33176

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 *Dianne Williams Culmer* DATE **8/29/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULMER WILLIAMS, DIANNE	
STREET ADDRESS	10960 SW 176 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALONE, CARLOS L., SR, BISHOP	
STREET ADDRESS	8241 SW 183 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, FLOYD	
STREET ADDRESS	8281 SW 88 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JEAN	
STREET ADDRESS	15605 SW 108 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, PAMELA	
STREET ADDRESS	8241 SW 183 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, OLIVIA	
STREET ADDRESS	10731 SW 147 STREET	
CITY-ST-ZIP	MIAMI FL 33176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AMBLER, MAURICE	
3.3 STREET ADDRESS	8245 SW 184 LANE	
3.4 CITY-ST-ZIP	MIAMI, FL 33157	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANDERS, DONALD	
4.3 STREET ADDRESS	10731 SW 147 STREET	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FORT, RONALD	
5.3 STREET ADDRESS	13500 SW 108 STREET CIRCLE SOUTH	
5.4 CITY-ST-ZIP	MIAMI, FL 33186	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GODWIN, HENRY	
6.3 STREET ADDRESS	7701 SW 181 TERRACE	
6.4 CITY-ST-ZIP	MIAMI, FL 33157	

14. I do 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.

SIGNATURE *Sandra B. Mortham* DATE **8/29/97**

CR2E037 (9/96)