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**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90068 034 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N95000003119**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/28/1995

4. FEI Number

64-0592266

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

**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 X \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99  
 DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **D**  
**CULMER WILLIAMS, DIANNE**  
 STREET ADDRESS **10960 SW 176 STREET**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  DELETE  
 NAME **D**  
**MALONE, CARLOS L., SR, BISHOP**  
 STREET ADDRESS **8241 SW 183 STREET**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  DELETE  
 NAME **D**  
**AMBLER, MAURICE**  
 STREET ADDRESS **8245 SW 184 LN**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME **D**  
**SANDERS, DONALD**  
 STREET ADDRESS **10731 SW 147 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME **D**  
**FORT, RONALD**  
 STREET ADDRESS **13500 SW 108 ST CIR SOUTH**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME **D**  
**GODWIN, HENRY**  
 STREET ADDRESS **7701 SW 181 TERR**  
 CITY-ST-ZIP **MIAMI FL**

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: X \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 305-235-1990  
 Date Daytime Phone #

CR2E037 (11/98)