## **FILED** FILE NOW: FILING FEE IS \$61.25 Apr 24 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #** (0) WORD OF FAITH BIBLE CHURCH, INC. Principal Place of Business Mailing Address 534 S COX ST 534 S COX ST 3. Date Incorporated or Qualified P O BOX 908 P O BOX 908 09/16/1970 PIERSON FL 32180 PIERSON FL 32180 4. FEI Number Applied For 59-1881680 Not Applicable Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired BOX 837 Fee Required Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? Counti 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NICHOLS, CHARLES B 62 Street Address (P.O. Box Number is Not Acceptable) RT 2 BOX 986 83 CRESCENT CITY FL 32112 84 City 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 aignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE NICHOLS, CHARLES B. NAME 1.2 NAME RT. 2, BOX 986 STREET ADDRESS 1.3 STREET ADDRESS CRESCENT CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME COX, HOWARD 2.2 NAME STREET ADORESS 534 S. COX ST. 2.3 STREET ADDRESS PIERSON FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE ŚŊ 3.1 TITLE Change Addition SUTTON, E V NAME 3.2 NAME RT 1 BOX 1034 STREET ADDRESS 3.3 STREET ADDRESS CRECENT CITY, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition SUTTON, VI NAME 4. 2 NAME RT. 1, BOX1034 STREET ADDRESS 4.3 STREET ADDRESS CRECENT CITY, FL 00000 CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition 5.1 TITLE TITLE RAULERSON, CECIL DAVID COX NAME 5.2 NAME

CITY-ST-ZIP

BARGERVILLE FL 32/12

14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

1501 PINE ST.

LULA COX

1601 PINE ST

BARBERVILLE

FI.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RT 1 BOX 41

CRESCENT CITY FL

Change

CRZEG37

Addition