

FILE NOW: FILING FEE IS \$61.20

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 769148 (8)

1. Corporation Name

LIVING WORD INTERNATIONAL MINISTRIES AND FELLOWSHIP, INC.

Principal Place of Business

RT. 2, BOX 137  
COLBERT GA 30628  
US

Mailing Address

RT. 2, BOX 137  
COLBERT GA 30628  
US



3. Date Incorporated or Qualified  
06/29/1983

3a. Date of Last Report  
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
39-1500184

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMM, MARY LOUISE

~~17903 LK CARLTON #G~~ 8431 GOLD RD 151C  
~~LUTZ FL 33549~~ TAMPA, FL. 33615-1455

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS SMITH, ARNOLD P  
CITY-ST-ZIP RT. 2, BOX 137  
COLBERT GA

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS GIL WYNNE  
1.4 CITY-ST-ZIP 8101 STONE RD  
APOKA, FL. 32703

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS SMITH, BETTY J  
CITY-ST-ZIP RT. 2, BOX 137  
COLBERT GA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME STD  
STREET ADDRESS GRIMM, MARY LOUISE  
CITY-ST-ZIP ~~17903 LK CARLTON #G~~  
~~LUTZ FL~~

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME STD  
3.3 STREET ADDRESS GRIMM, MARY LOUISE  
3.4 CITY-ST-ZIP 8431 GOLD RD. 151C  
TAMPA, FL. 33615-1455

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS PETERSON, GREGORY  
CITY-ST-ZIP 1428 SUNCREST DR  
KINGSPORT TN

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS GIL WYNNE  
CITY-ST-ZIP 8101 STONE RD  
APOKA, FL. 32703

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Arnold P. Smith* ARNOLD P. SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96  
Date

706-546-0505  
Daytime Phone #

CR2E037 (12/95)