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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90075 004 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 769148

1. Corporation Name

LIVING WORD INTERNATIONAL MINISTRIES AND FELLOWS
HIP, INC.

Principal Place of Business
1291 FOOTE MCCLELLAN RD
COLBERT GA 30628
US

Mailing Address
1291 FOOTE MCCLELLAN RD
COLBERT GA 30628
US



| | | |
|---|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 06/29/1983 4. FEI Number 39-1500184 Applied For 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 |
|---|--|--|

9. Name and Address of Current Registered Agent

GRIMM, MARY LOUISE
8431 GOLD RD, 151-C
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name CHARLOTTE RUSHING
82 Street Address (P.O. Box Number is Not Acceptable)
4924 STEELDUST LN.
83
84 City LUTZ FL 85 Zip Code 33549

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 Charlotte M. Rushing Charlotte M. Rushing Secretary April 3, 1999
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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | SECY. SECY. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, ARNOLD P | 1.2 NAME | CHARLOTTE RUSHING |
| STREET ADDRESS | 1291 FOOTE MCCLELLAN RD | 1.3 STREET ADDRESS | 4924 STEELDUST LANE |
| CITY-ST-ZIP | COLBERT GA | 1.4 CITY-ST-ZIP | LUTZ, FL. 33549 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, BETTY J | 2.2 NAME | DENNIS DAVIS |
| STREET ADDRESS | 1291 FOOTE MCCLELLAN RD | 2.3 STREET ADDRESS | 503 PIONEER |
| CITY-ST-ZIP | COLBERT GA | 2.4 CITY-ST-ZIP | SHENANDOAH, IOWA 51601 |
| TITLE | STD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | GRIMM, MARY LOUISE | 3.2 NAME | |
| STREET ADDRESS | 8431 GOLD ROAD, 151-C | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | CHANDLER, SAMMY | 4.2 NAME | |
| STREET ADDRESS | 4562 W MAIN ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUPELO MS 38801 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Charlotte M. Rushing SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

706-546-0505

Daytime Phone #

CR2E037-111981