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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 769527 (3)

1. Corporation Name

LIVING WORDS, INC.



Principal Place of Business

Mailing Address

% HOLLY FULTON PERRITT
1329 KINGSLEY AVE., SUITE A
ORANGE PARK FL 32073-4523

% HOLLY FULTON PERRITT
1329 KINGSLEY AVE., SUITE A
ORANGE PARK FL 32073-4523

3. Date Incorporated or Qualified
07/25/1983

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
58-1291607

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

PERRITT, HOLLY, FULTON
1329 KINGSLEY AVE., SUITE A
ORANGE PARK FL 32073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP [] DELETE
NAME FULTON, CHARLES B JR
STREET ADDRESS 4816 MALPAS LANE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE [X] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS 1580 Murdock Road
1.4 CITY-ST-ZIP Marietta, GA 30062

TITLE DV [] DELETE
NAME FULTON, JUDITH B.
STREET ADDRESS 4816 MALPAS LANE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE [X] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS 1580 Murdock Road
2.4 CITY-ST-ZIP Marietta, GA 30062

TITLE D [X] DELETE
NAME BROWN, JANICE
STREET ADDRESS 6261 DRAW LANE
CITY-ST-ZIP SARASOTA FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS [] DELETE
NAME PERRITT, HOLLY, FULTON
STREET ADDRESS 1329 KINGSLEY AVE #A
CITY-ST-ZIP ORANGE PARK FL

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [X] Addition
5.2 NAME D Conniff, Patrice
5.3 STREET ADDRESS 1154 Wonder Lane
5.4 CITY-ST-ZIP Marietta, GA 30062

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 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: *Holly P. Fulton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 13, 1997
Date

Daytime Phone # 0001068

CR2E037 (9/96)