


FILE NOW: FILING FEE IS \$61.25

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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769527 (3)

1. Corporation Name

LIVING WORDS, INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

07/25/1983

4. FEI Number

58-1291607

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FULTON, CHARLES B JR	
STREET ADDRESS	1580 MURDOCK RD	
CITY-ST-ZIP	MARIETTA GA	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	FULTON, JUDITH B.	
STREET ADDRESS	1580 MURDOCK RD	
CITY-ST-ZIP	MARIETTA GA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNIFF, PATRICE	
STREET ADDRESS	1154 WONDER LN	
CITY-ST-ZIP	MARIETTA GA	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	PERRITT, HOLLY, FULTON	
STREET ADDRESS	1329 KINGSLEY AVE #A	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*[Signature]* PERRITT, HOLLY, FULTON

1-16-98 904-264-6000

CR2E037 (10/97)