


FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 769527</b>					
1. Corporation Name <b>LIVING WORDS, INC.</b>					
Principal Place of Business <b>% HOLLY FULTON PERRITT 1329 KINGSLEY AVE., SUITE A ORANGE PARK FL 32073-4523</b>			Mailing Address <b>% HOLLY FULTON PERRITT 1329 KINGSLEY AVE., SUITE A ORANGE PARK FL 32073-4523</b>		

**FILED**

99 FEB 22 AM 11:07

SECRET  
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 <b>1900 The Exchange</b> Suite, Apt. #, etc. 22 <b>Suite 170</b> City & State 23 <b>Atlanta Ga</b> Zip 24 <b>30339</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1520 Business Center Dr</b> Suite, Apt. #, etc. 27 <b>Suite 2</b> City & State 28 <b>Orange Park Fl</b> Zip 29 <b>32073</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/25/1983</b>	
4. FEI Number <b>58-1291607</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		9. Name and Address of Current Registered Agent <b>PERRITT, HOLLY, FULTON 1329 KINGSLEY AVE., SUITE A ORANGE PARK FL 32073</b>			
10. Name and Address of New Registered Agent 81 Name <b>Fulton, Holly</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1520 Business Center Drive</b> 83 <b>Suite 2</b> 84 City <b>Orange Park</b> <b>FL</b> 85 Zip Code <b>32073</b>		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 <b>Holly E. Fulton</b> <b>2/2/99</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>FULTON, CHARLES B JR</b> STREET ADDRESS <b>1580 MURDOCK RD</b> CITY-ST-ZIP <b>MARIETTA GA</b>				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Doug DeBolt</b> 1.3 STREET ADDRESS <b>2010 Murdock Road</b> 1.4 CITY-ST-ZIP <b>Marietta GA 30062</b>	
TITLE <b>DV</b> <input type="checkbox"/> DELETE NAME <b>FULTON, JUDITH B.</b> STREET ADDRESS <b>1580 MURDOCK RD</b> CITY-ST-ZIP <b>MARIETTA GA</b>				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>ADRIAN L. PERRY</b> 2.3 STREET ADDRESS <b>10226/99-01103-007</b> 2.4 CITY-ST-ZIP <b>*****61.25 *****61.25</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>CONNIFF, PATRICE</b> STREET ADDRESS <b>1154 WONDER LN</b> CITY-ST-ZIP <b>MARIETTA GA</b>				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <b>DS</b> <input type="checkbox"/> DELETE NAME <b>PERRITT, HOLLY, FULTON</b> STREET ADDRESS <b>1329 KINGSLEY AVE #A</b> CITY-ST-ZIP <b>ORANGE PARK FL</b>				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Fulton, Holly</b> 4.3 STREET ADDRESS <b>1520 Business Center Drive, Suite 2</b> 4.4 CITY-ST-ZIP <b>Orange Park, FL 32073</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 <b>TS. 2/24/99 99AR</b>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001149

CR2E037 (11/98)