


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N20729** (2)

1. Corporation Name

**LIVING WORD OF FAITH, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>8857 NORTH DAVIS HIGHWAY<br/>PENSACOLA FL 32514<br/>US</b> | Mailing Address<br><b>9857 NORTH DAVIS HIGHWAY<br/>PENSACOLA FL 32514<br/>US</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/19/1987</b> | 3a. Date of Last Report<br><b>04/26/1996</b> |
|--|--|

|   |  |  |  |
|---|--|--|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country | 4. FEI Number<br><b>59-2821959</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
|   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
|   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIMEK, PAUL  
8556 SCENIC HWY  
PENSACOLA FL 32514**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City <b>FL</b> <b>85</b> 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                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ORR, ALAN G.</b>                                 | 1.2 NAME  |  |
| STREET ADDRESS             | <b>9201 N. DAVIS HIGHWAY</b>                        | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>FRY, GENE</b>                                    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>RT 5 BOX L591</b>                                | 2.3 STREET ADDRESS                                    | <b>Trustee - D</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                                 | 2.4 CITY-ST-ZIP                                       | <b>Spaar, Timothy</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BELT, RICHARD ARLEN</b>                          | 3.2 NAME  | <b>790 Valley Ridge Way</b>  |
| STREET ADDRESS             | <b>RT. 7, BOX 823W</b>                              | 3.3 STREET ADDRESS                                    | <b>Pensacola, FL 32514</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                                 | 3.4 CITY-ST-ZIP                                       | <b>Trustee - D</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  | <b>O'Brien, Carolyn</b>  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    | <b>6043 Spanish Oak Dr</b>   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       | <b>Pensacola, FL 32506</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 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.

CR2E037 (9/96)