

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAR -2 PM 2: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N22269** (7)  
 1. Corporation Name  
**CHURCH OF THE LIVING WORD, INC.**

Principal Place of Business Mailing Address  
**J11 PLANTATION BLVD FT. PIERCE FL 34982**  
**601 S 33RD ST FT. PIERCE FL 34948 US**

2. Principal Place of Business 2a. Mailing Address  
 21 **7504 PENNY LANE** 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 **FORT PIERCE** 28  
 Zip Country Zip Country  
 24 **34951** 25 **FL** 29 30

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified **08/27/1987** 3a. Date of Last Report **02/21/1994**  
 4. FEI Number **65-0027553** 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  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HOPKINS, PHILLIP**  
**J11 PLANTATION BLVD**  
**FT. PIERCE FL 34882**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7504 PENNY LANE**  
 83  
 84 City **FORT PIERCE** FL 85 Zip Code **34951**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOPKINS, PHILLIP
STREET ADDRESS	J11 PLANTATION BLVD
CITY - ST - ZIP	FT. PIERCE FL
TITLE	VD
NAME	HOPKINS, BOBBY
STREET ADDRESS	6025 N US 1
CITY - ST - ZIP	FT. PIERCE FL
TITLE	S
NAME	ROGERS, ARTHUR A.
STREET ADDRESS	6025 N US 1
CITY - ST - ZIP	FT. PIERCE FL
TITLE	T
NAME	GOODMAN, PAUL
STREET ADDRESS	465 14TH PLACE SW
CITY - ST - ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7504 PENNY LANE</b>
1.4 CITY - ST - ZIP	<b>FORT PIERCE FL 34951</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as changed, or both in attached, not with an address.

SIGNATURE: *Phillip Hopkins* 2-19-95 407-465-1674  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type)