

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **7504 PENNY LANE FORT PIERCE FL 34951 US**  
Mailing Address: **601 S 33RD ST FT. PIERCE FL 34948 US**

3. Date Incorporated or Qualified: **08/27/1987**  
3a. Date of Last Report: **03/02/1995**

21. Principal Place of Business <b>601 S 33RD STREET</b>	2a. Mailing Address	4. FEI Number <b>65-0027553</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State <b>FORT PIERCE FL</b>	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>34947</b>	25. Country <b>ST Lucie</b>	29. Zip	30. Country

9. Name and Address of Current Registered Agent <b>HOPKINS, PHILLIP 7504 PENNY LANE FT. PIERCE FL 34951</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, PHILLIP</b>	1.2 NAME	
STREET ADDRESS	<b>7504 PENNY LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, BOBBY</b>	2.2 NAME	
STREET ADDRESS	<b>6025 N US I</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, ARTHUR A.</b>	3.2 NAME	
STREET ADDRESS	<b>6025 N US I</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODMAN, PAUL</b>	4.2 NAME	
STREET ADDRESS	<b>465 14TH PLACE SW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	4.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Phillip Ashurst* Date: **1-21-96** Daytime Phone #: **407-465-1674**

CR2E037 (12/95)