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FILED
Jan 20, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-20-1999 90015 049 *****61.25

DOCUMENT # N22269

1. Corporation Name

CHURCH OF THE LIVING WORD, INC.

Principal Place of Business

Mailing Address

601 S. 33RD STREET
 FT. PIERCE FL 34947
 US

601 S 33RD ST
 FT. PIERCE FL 34947
 US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21

26

08/27/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0027553

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPKINS, PHILLIP
7504 PENNY LANE
FT. PIERCE FL 34951

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD HOPKINS, PHILLIP**
 STREET ADDRESS **7504 PENNY LANE**
 CITY-ST-ZIP **FT. PIERCE FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD HOPKINS, BOBBY**
 STREET ADDRESS **6025 N US 1**
 CITY-ST-ZIP **FT. PIERCE FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D ROGERS, ARTHUR A.**
 STREET ADDRESS **6025 N US 1**
 CITY-ST-ZIP **FT. PIERCE FL 34951**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S SNEDEKER, ROBERT**
 STREET ADDRESS **856 16 PLACE**
 CITY-ST-ZIP **VERO BCH FL 32960**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T EPLIN, MARK**
 STREET ADDRESS **290 MN. HEADER CANAL RD**
 CITY-ST-ZIP **FT. PIERCE FL 34945**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Robert Snedeker 1/3/99 466 0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)