

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25082** (1)

1. Corporation Name

**THE WORD ALIVE INTERNATIONAL CHRISTIAN WORSHIP C
ENTER, INC.**

Principal Place of Business

Mailing Address

**1333 NE JENSEN BCH BLVD
JENSEN BEACH FL 34957**

**1301 SUNVIEW TERRACE
JENSEN BEACH FL 34957-3925
US**

3. Date Incorporated or Qualified
02/29/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 2000 NE Jensen Beach Blvd.

2a. Mailing Address
26 2000 NE Jensen Beach Blvd

4. FEI Number
65-0033611
Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

23 Jensen Beach, FL

28 Jensen Beach, FL

Zip Country
24 34957 25

Zip Country
29 34957 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, THOMAS E. JR.
17 ISLAND ROAD
SEAWALLS POINT FL 34996**

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	SD	<input type="checkbox"/> DELETE
NAME	KRTAUSCH, ROBERTA	
STREET ADDRESS	2161 S.E. BISBEE ST.	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	SMITH, THOMAS E JR	
STREET ADDRESS	17 ISLAND ROAD	
CITY - ST - ZIP	SEAWALLS POINT FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, LINDA M	
STREET ADDRESS	17 ISLAND ROAD	
CITY - ST - ZIP	SEAWALLS POINT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1162 SE Proctor lane
1.4 CITY - ST - ZIP	Port St Lucie, FL 34983
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 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.

SIGNATURE: *Robert M. Krtausch* **REQUIRED** *Krtausch/Smith 5/5/97 561-339-9888*

CR2E037 (9/96)