FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N26721

THE LIVING WORD GOSPEL CRUSADE INC.

Principal Place of Business
%EDDIE JAMES LEE
865 S. ORANGE STREET
MONTICELLO EL 32344-2821

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

%EDDIE JAMES LEE 865 S. ORANGE STREET MONTICELLO FL 32344-2821

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90020 048 ****61.25

3. Date Incorporated or Qualifed

NOT APPLICABLE

06/01/1988

4. FEI Number



Zip Zip Zib	23		28			-	3. Certificate of	Otalus Desired	<u> </u>	Fee R	equired
9. Name and Address of Current Registered Agent LEE, EDDE 865 S. ORANGE STREET MONTICELLO FL 32344 10. Name and Address of New Registered Agent 82 Street Acdress (P.O. Box Number is Not Acceptable) 83		Country		Cou	ntry	-	6. Election Carr	paign Financing		\$5.00	May Be
REF. EDDIE	24	25	25 29 30				Trust Fund C	ontribution		Added	to Fees
LEE, EDDIE 865 S. ORANGE STREET MONTICELLO FL 32344 82 City FL 85 Zip C 3de 87 Sip City Sip City Sip City Sip City Sip City C 3de 885 S. ORANGE STREET MONTICELLO FL 32344 89 City FL 85 Zip C 3de		9. Name and Address of Current	Registered Agent				10. Name and A	ddress of New F	Registered A	lgent	
865 S. ORANGE STREET MONTICELLO FL 32344 B3					81 Name	;					
865 S. ORANGE STREET MONTICELLO FL 32344 B3	LEE, EDDIE					t Acdress	(P.O. Box Numl	per is Not Accepta	able)		
MONTICELLO FL 32344 83	,							<u> </u>	<u> </u>		
Section Provisions of Sections 617.0507 and 617.1508, Florida State les, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and accept the obligations of, Section 617.0503, Florida State les, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Signatur			83								
The pursuant to the provisions of Sictions 617,0502 and 617,1506, Florida Statu les, the above-named corporation submit is this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, lipsed or printed nums of registered agent and title if aspicable. 12. OFFICERS AND DIRECTORS TITLE D OFFICERS AND DIRECTORS TITLE D OFFICERS AND DIRECTORS TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP MONTICELLO FL TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP MONTICELLO FL TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP TITLE D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZP TITLE D OFFICERS AND DIRECTORS A					84 City					85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporition's board of directors. I hereby accept the applicitment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATUF: 12.		•			-						
12	office or r	egistered agent, or both, in the State of	f Florida. Such change was	authorized	by the corp	f corpora poration's	tion submits this board of directo	statement for the rs. I hereby accep	purpose of on the purpoin	changing its tment as re	; registered egistered
12.	SIGNATURE	Standure typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature	required wh	en reinstating)		DATE		
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CITY-ST-ZIP MONTICELLO FL 6.4 CITY-ST-ZIP	CITY-ST-ZIP	MONTICELLO FL				ـــــا					
14. I hereby certify that the information supplied with this filling 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	14. I hereby of indicated	certify that the information supplied with	h this filing does not qualify annual report is true and a	for the exelourate and	mption state that my sign	ed in Sec Inature st	tion 119.07(3)(i), hall have the sam	Florida Statutes. ie legal effect as i	i turther cert f made und€	ity that the ir oath; that	intormation I am an

officer or director of the corporation or the receiver or trustee empowered to execute this report as required Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4 - 15 - 99 - 860 - 497 No. 16

Applied For

\$8.75 Additional

Not Applicable