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

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

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N26721**

1. Corporation Name

**THE LIVING WORD GOSPEL CRUSADE INC.**

Principal Place of Business

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

Mailing Address

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

439385 - 90020 - 48



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**

**25**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

**29**

**30**

3. Date Incorporated or Qualified

**06/01/1988**

4. FEI Number

**NOT APPLICABLE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, EDDIE  
865 S. ORANGE STREET  
MONTICELLO FL 32344**

**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 **D** ☐ DELETE  
NAME **WHITFIELD, ROOSEVELT**  
STREET ADDRESS **1500 POPULAR ST**  
CITY-ST-ZIP **MONTICELLO FL**

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

TITLE **D** ☐ DELETE  
NAME **LEE, SARA H**  
STREET ADDRESS **865 S ORANGE ST**  
CITY-ST-ZIP **MONTICELLO FL**

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

TITLE **D** ☐ DELETE  
NAME **WHITEFIELD, BETTY**  
STREET ADDRESS **440 S RAILROAD ST**  
CITY-ST-ZIP **MONTICELLO FL**

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

TITLE **D** ☐ DELETE  
NAME **THOMPSON, RICKY**  
STREET ADDRESS **420 S RHODES ST**  
CITY-ST-ZIP **MONTICELLO FL**

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

TITLE **D** ☐ DELETE  
NAME **PRIDE, LARRY**  
STREET ADDRESS **GEORGETOWN ROAD**  
CITY-ST-ZIP **MADISON FL**

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

TITLE **P** ☐ DELETE  
NAME **LEE, EDDIE**  
STREET ADDRESS **865 S. ORANGE ST.**  
CITY-ST-ZIP **MONTICELLO FL**

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: **Eddie James Lee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

850-994-0334  
4-25-99-865-997-0334

CR2E037 (11/98)