FILE NOW: FILING FEE IS \$61.25

FILED Mar 06 1997 8:00am Secretary of State

Suite. Apt # etc Suite. Apt #, etc. Suite. Apt #, etc. S. Certificate of Status Desired \$5.75 Additional Piece Required \$5.00 May Be Pece Required \$5	COR ANNU	INPROFIT PORATION JAL REPORT 1997	FLORIDA DEPART Sendra B. Secretary DIVISION OF CO	Mortham of State	Secretary	of State
Principal Plante of Business Malling Address Applied Fig. 191 2. Principal Plante of Business 2. Malling Address 3. Date Incorporated or Cualified 3. Date Incorporated or Status Desired 3. Date Incorporat	DOCUM 1. Corporation	MENT # N3637	2 (3)			
Harmy Practice of State from 19 Septiments 19 Septiment 19 Sep	LIVING	WORD MINISTRIES TO HA	ati, inc.		A SERVISION DESCRIPTION DANGE WHAT LEADER	HAL BIBIS STADI BIBIS BIBIS DIBIS BIBIS 1881
RILE BRISSOU #10 S. Date incorporation of Coultified Se. Deter A 1 septiment of 1/22/1996 2. Principal Parce of Business 2 2s. Mailling Address 4. FEI Number 2/1999 2. Principal Parce of Business 3. See Mailling Address 4. FEI Number 2/1999 2. Suite, Apr # etc 2. Suite, Apr # etc 3. Suite, Apr # etc 4. Experiend 5. Centricate of Status Desired 5. Refequency 6. Exection Campaign Financing 7. Additional 7. Refequency 6. Exection Campaign Financing 7. Additional 7. Refequency 6. Exection Campaign Financing 7. Additional 7. Refequency 6. Exection Campaign Financing 7. Refequency 6. Execution Campaign Financing 7. Refe	Principal Place of Business Mailing Address					(E)
Description of Business 2a. Making Address 2a. Making Address 4. FEI Norther 2a. Making Address 5. Certificate of Status Desired 56.0188798 Applied For Not April # of Color 5. Certificate of Status Desired 56.0188798 Additional For Response 5. Certificate of Status Desired 58.078 Additional For Response 5. Certificate of Status Desired 58.078 Additional For Response 5. Certificate of Status Desired 58.078 Additional For Response 57.00 Aug 9B Additional For Response Aug 9B Addi	RUE BIASSOU #10 SARASOTA FL 34249-2716					
Suite Apt # otc Suite Apt #						3a. Date of Last Report 02/21/1996
Salet Apt # etc Salet Apt # etc Salet Apt #, et	-~¬	ace of Business	 		4. FEI Number 65-0189798	Applied For Not Applicable
City & State 23	Suite, Apt.	#. etc	J		5. Certificate of Status Desired	
Zip Country Zip Country Zip Country 2 2 3 3 5 5 2 2 2 2 2 2 3 3 5 5 2 2 2 2 3 3 5 5 2 2 2 2 2 2 2 3 3 5 5 2 2 2 2 2 2 2 2	City & State)			,	
9. Name and Address of Current Registered Agent HENRY, JOHN W. 506 507th ST W BRADENTON FL 34209 63 64 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 agent at the fundative win and accept the onlightcone of control of the co	Zip	} ₁	Zip		, , , , , , , , , , , , , , , , , , ,	
HENRY, JOHN W. 508 50TH ST W BRADENTON FL 34209 41 City FL 85 Z p Code 41 City FL 85 Z p Code 42 City FL 85 Z p Code 43 City FL 85 Z p Code 44 City FL 85 Z p Code 45 City FL 85 Z p Code 46 City FL 85 Z p Code 47 City FL 85 Z p Code 48 City FL 85 Z p Code 49 City FL 85 Z p Code 40 City FL 85 Z p Code 41 City FL 85 Z p Code 41 City FL 85 Z p Code 42 City FL 85 Z p Code 43 City FL 85 Z p Code 44 City FL 85 Z p Code 45 Z Street Address (P.O. Box Number is Not Acceptable) 46 City FL 85 Z p Code 47 City FL 85 Z p Code 48 City FL 85 Z p Code 49 City FL 85 Z p Code 40 City FL 85 Z p Code 41 City FL 85 Z p Code 42 City FL 85 Z p Code 43 City FL 85 Z p Code 44 City FL 85 Z p Code 45 Z street Address (P.O. Box Number is Not Acceptable) 46 City FL 85 Z p Code 47 City FL 85 Z p Code 47 City FL 85 Z p Code 48 City FL		9. Name and Address of Curren			10. Name and Address of New Reg	latered Agent
SOB SOTH ST W BRADENTON FL 34209 B3				81 Name		
BRADENTON FL 34209 State City FL BS Zip Code	HENRY, JOHN W. 62 Street Addres				ess (P.O. Box Number is Not Acceptab	e)
## City ## Cit				93		-
T. 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 and manual implimentation of 17,0503, Florida Statutes. SIGNATURE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OVP	BRAUEN	110N FL 34209				
critice or registered agent, or both, in the State of Florida, Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12				84 City		FI 85 Zip Code
SIGNATURE Signature, lynd-or printed manne of ingritance agin 2 and the it applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DVP	office or re	egistered agent, or both, in the State	of Florida, Such change was au	ithorized by the corporat	poration submits this statement for the place ion's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
Signature, layed or printed marked in applicable PATE	Ü	in termina trici, and docopt the oblige				
TITLE						
HENRY, JOHN W. 12 NAME 13 STREET ADDRESS 509 50TH ST 13 STREET ADDRESS 14 GTV-ST-ZIP					ADDITIONS/CHANGES TO OFFIC	
STREET ADDRESS SOP SOTH ST STREET ADDRESS 1.4 City-St-Zip)	-				
DP	STREET ADDRESS			1.3 STREET ADDRESS		
NAME	CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
STREET ADDRESS SARASOTA FL	1		☐ DELETE			L Change L Addition (
CITY-ST-ZIP CATAILLADE, BARBARA TOBOL ST. LATAILLADE, BARBARA TOBOL ST. LATAILLADE, BARBARA TOBOL ST. E. SARASOTA FL DELETE JOELETE	,					Į
DELETE STITUE S)			a }	the same of the sa	P 0 1 2
STREET ADDRESS 7890 15TH ST. E. 33 STREET ADDRESS 34. CITY-ST-ZIP		DST	DELETE			☐ Change ☐ Addition
SARASOTA FL 34.CITY-ST-ZIP	NAME			3.2 NAME		1
DELETE 1.1 TITLE Change Addition	1			4		
NAME		SAKASUIA PL	T DELETE			Change L Addition
STREET ADDRESS 43 STREET ADDRESS 44 CTY-ST-ZIP	(And Describ			E3 51101191
###61_25	1			4.3 STREET ADDRESS		}
STREET ADDRESS S.2 NAME S.3 STREET ADDRESS S.4 CITY - ST - ZIP S.4 CITY - ST - ZIP - Z	CITY-ST-ZIP					
STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 6.2 NAME 6.2 NAME -03/06/9701099003 ****61.25			☐ DELETE	E i		Change Addition
SACITY-ST-ZIP SACITY-ST-ZIP SACITY-ST-ZIP SACITY-ST-ZIP STREET ADDRESS SACITY-ST-ZIP SACITY-ST-Z	ì	!				1 . a 1
DELETE C1 TITLE B0002106448 Addition Addition Addit	1					713.6
		<u></u>	☐ DELETE		المنطق الداعات والمناز والمناز والمناز والمناز والمناز والمناز والمناز والمناز والمناز	
「「「「「「「」」」 「「「「「「」」 「「「」」 「「「」」 「」」 「「」 「「」 「」 「」 「「」 「」 「「」 「「」 「」 「」 「」 「「」 「」 「」 「」 「」 「」 「」 「「」 「」	NAME			62 NAME	_02/06/070100	9003
	STREET ADDRESS			6.3 STREET ADDRESS	***61 25	.5 000
CITY-ST-ZIP 14. Loo 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		ov certify that the information supplies	d with this filing does not available			I further certify that the

176. To necestly defining that the information supplies with this litting loses not quality for the exemption stated in Section 119.07(3)(), 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:

SIGNATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER ON DIRECTOR

1/21/97

aytime Phone # 0063646