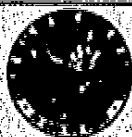


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N50095 (1)

1. Corporation Name

LIVING WORD COMMUNITY CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

**8401 VALRIE LANE
RIVERVIEW FL 33569
US**

**8401 VALRIE LANE
RIVERVIEW FL 33569
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1992

3a. Date of Last Report

08/08/1994

4. FEI Number

59-3192779

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7405 Alafia Ridge Loop

83

Riverview, FL 33569

84 City

FL

85 Zip Code
33569

**CRAVER, WILLIAM JOHN
13421 LARAWAY DRIVE
RIVERVIEW FL 33569**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

PD

NAME

CRAVER, WILLIAM J

STREET ADDRESS

13421 LARAWAY DR.

CITY - ST - ZIP

RIVERVIEW FL 33569

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**7405 Alafia Ridge Loop
Riverview, FL 33569**

1.4 CITY - ST - ZIP

TITLE

VD

NAME

CRAVER, KATHY L

STREET ADDRESS

13421 LARAWAY DR.

CITY - ST - ZIP

RIVERVIEW FL 33569

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

**7405 Alafia Ridge Loop
Riverview, FL 33569**

2.4 CITY - ST - ZIP

TITLE

TT

NAME

ENDEL, WILLIAM T

STREET ADDRESS

305 FLAME TREE COURT

CITY - ST - ZIP

TAMPA FL 33619

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

VT

NAME

WHITE, DIANA K

STREET ADDRESS

3917 CASABA LOOP

CITY - ST - ZIP

VALRICO FL 33594

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

**1503 Hacienda Drive
Sun City Center, FL 33573**

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

William John Craver, President

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-95

623-2773