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
9401 VALRIE LANE RIVERVIEW FL 33569 US	9401 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CRAVER, WILLIAM JOHN
13421 LARAWAY DRIVE
RIVERVIEW FL 33569

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	☒ Change	☐ Addition
NAME	CRAVER, WILLIAM J	1.2 NAME		
STREET ADDRESS	13421 LARAWAY DR.	1.3 STREET ADDRESS	7405 Alafia Ridge Loop	
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	VD	2.1 TITLE	☒ Change	☐ Addition
NAME	CRAVER, KATHY L	2.2 NAME		
STREET ADDRESS	13421 LARAWAY DR.	2.3 STREET ADDRESS	7405 Alafia Ridge Loop	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	TT	3.1 TITLE	☐ Change	☐ Addition
NAME	ENDEL, WILLIAM T	3.2 NAME		
STREET ADDRESS	305 FLAME TREE COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619	3.4 CITY-ST-ZIP		
TITLE	VT	4.1 TITLE	☒ Change	☐ Addition
NAME	WHITE, DIANA K	4.2 NAME		
STREET ADDRESS	3917 CASABA LOOP	4.3 STREET ADDRESS	1503 Hacienda Drive	
CITY-ST-ZIP	VALRICO FL 33594	4.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 — 4-28-95 — 623-2773
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0043908