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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N50095

1. Corporation Name

LIVING WORD COMMUNITY CHRISTIAN CENTER, INC.

586428 - 90017 - 46

Principal Place of Business	Mailing Address
8401 VALRIE LANE RIVERVIEW FL 33569 US	8401 VALRIE LANE RIVERVIEW FL 33569 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 P.O. Box 1595 Suite, Apt. #, etc. 27 City & State 28 Riverview FL. Zip 29 33568 Country 30 Hills.	3. Date Incorporated or Qualified 07/24/1992 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

9. Name and Address of Current Registered Agent

CRAVER, WILLIAM JOHN
7405 ALAFIA RIDGE LOOP
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

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 Rev. William J. Craver DATE 4-26-99
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	☐ DELETE	1.1 TITLE	TT. T	☒ Change ☒ Addition
NAME	CRAVER, WILLIAM J		1.2 NAME	RANDY FORAN	
STREET ADDRESS	7405 ALAFIA RIDGE LOOP		1.3 STREET ADDRESS	6740 69 AV. North	
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP	Pinellas PARK FL. 33781	
TITLE	VD	☐ DELETE	2.1 TITLE	SEC. T	☐ Change ☒ Addition
NAME	CRAVER, KATHY L		2.2 NAME	DONALD HUSTED	
STREET ADDRESS	7405 ALAFIA RIDGE LOOP		2.3 STREET ADDRESS	27749 QUAIL VIEW LN.	
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-ST-ZIP	WESTLEY CHAPEL. FL. 33544	
TITLE	TT	☒ DELETE	3.1 TITLE	Vice Sec. T	☐ Change ☒ Addition
NAME	ENDEL, WILLIAM T		3.2 NAME	Vince Murphy	
STREET ADDRESS	305 FLAME TREE COURT		3.3 STREET ADDRESS	610 High View Circle S.	
CITY-ST-ZIP	TAMPA FL 33619		3.4 CITY-ST-ZIP	Brandon FL. 33510	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Rev. William J. Craver **SIGNATURE REQUIRED** Rev. William J. Craver 4-26-99 (813) 292-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #