

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000001132 (0)  
1. Corporation Name

LIVING WORD OPEN BIBLE, INC.



Principal Place of Business  
8353 PINES BLVD.  
PEMBROKE PINES FL 33024  
US

Mailing Address  
8353 PINES BLVD.  
PEMBROKE PINES FL 33024  
US

3. Date Incorporated or Qualified 02/26/1993  
3a. Date of Last Report 05/01/1995  
4. FEI Number 65-0392963  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent  
FRANCIS, KARL A  
8353 PINES BLVD.  
PEMBROKE PINES FL 33024

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

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	1.1 TITLE	SECRETARY
NAME	FRANCIS, KARL A	1.2 NAME	DELORE SMALUNG
STREET ADDRESS	8353 PINES BLVD.	1.3 STREET ADDRESS	13110 NE 67th Ave.
CITY - ST - ZIP	PEMBROKE PINES FL	1.4 CITY - ST - ZIP	NO. MIAMI BCH, FL 33161
TITLE	STD	2.1 TITLE	
NAME	FRANCIS, DYRIE M	2.2 NAME	
STREET ADDRESS	8353 PINES BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	HINES, LAVAL	3.2 NAME	
STREET ADDRESS	8353 PINES BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	TAYLOR, MICHAEL	4.2 NAME	
STREET ADDRESS	17334 NW 62ND CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

*Michael Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/96

(954) 438-4777  
Date Daytime Phone #  
15 8/15/96

CR2E037 (3/96)