

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

LMING 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** 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**
 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**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **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 _____ 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	SECRETARY
NAME	FRANCIS, KARL A	1.2 NAME	DELORSE SMALUNG
STREET ADDRESS	8353 PINES BLVD.	1.3 STREET ADDRESS	1310 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	900001917819
NAME		6.2 NAME	-08/09/96--01038--002
STREET ADDRESS		6.3 STREET ADDRESS	***70.00
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: *[Signature]* **FRANCIS, KARL A** Date: **7/20/96** Daytime Phone #: **(954) 438-1477**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **15 8/19/96**

CR2E037 (3/96)