## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9300001132 (0)

LIVING WORD OPEN BIBLE, INC.

				·			
Principal Place of Business Mailing Address						**** ***** ***** ***** ****	***************************************
8353 PINES BLVD. PEMBROKE PINES FL 33024 US US 8353 PINES BLVD. PEMBROKE PINES FL 330 US US		24-6607					
VO		00			3. Date incorporated or Qualified 02/26/1993	3a. Date of Last R 08/09/19	eport 96
	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26		·	65-0392963		of Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	le .	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zıp	Country	Zip	Cour	ntry	8. This corporation has liability for it		. 199.032,
24	25]	29	30	····		Yes XINo	
<b></b>	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Reg	pistered Agent	<u></u>
50440	10 1/4BL A		1	81 Name			
FRANCIS, KARL A 8353 PINES BLVD.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33024			t	63	<del>n/</del>		·
			}	64 City		85 Zip	Code
						FLI	
11. Pursuant office or	to the provisions of Sections 617.09 registered agent, or both, in the Sta	502 and 617.1508, Florida Statu ite of Florida, Such change was	tes, the ab authorized	ove-named corp  by the corporal	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing it t the appointment as	ts registered registered
agent la	am familiar with, and accept the obl	igations of, Section 617.0503, Fi	lorida Stati	utes.	·		Ĭ
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered	Agent signature requi	red when reinstating)	DATE	
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	DELETE	1.5 Tit	LE		☐ Change	Addition
NAME	FRANCIS, KARL A		1.2 NA	·			i
STREET ADDRESS	8353 PINES BLVD. PEMBROKE PINES FL			REET ADDRESS			
CITY-ST-ZIP THILE	S S	DELETE	2.1 TIT	Y-ST-ZIP		Change	L Addition
NAME	SMALLING, DELORES		2.2 NA	í		Carlo Circulati	
STREET ADDRESS	13110 NE 6TH AVE		1	REET ADDRESS			
CITY - S1 - ZIP	NO. MIAMI BCH FL 33161		2.4 Ci	TY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TIT	LE		Change	Addition
NAME	HINES, LAVAL 8353 PINES BLVD.		3.2 NA	1			Ì
STREET ADDRESS	PEMBROKE PINES FL			REET ADDRESS			
CITY-ST-ZIP TITLE	T CHIDITOTIC I INCO ( L	DELETE	4.1 TOT	TY-ST-ZIP LE		Change	Addition
NAME	TAYLOR, MICHAEL		4. 2 N/			- ·- ·•	
STREET ADDRESS	17334 NW 62ND CT		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP			
TITLE		DELETE	5.1 TIT			Change	Addition
NAME DIDECT ADDRESS			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CI	IY-ST-ZIP		Change	Addition
NAME			6.2 NA	ſ			
STREET ADDRESS				REET ADDRESS			
OITY 07 710				TV 07 710			

14. I do 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