

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002400 (0)

1. Corporation Name

**THE LIVING WORD FELLOWSHIP OF SOUTHWEST FLORIDA,
INC.**

Principal Place of Business

**3937 WARREN STREET
SARASOTA FL 34233**

Mailing Address

**3937 WARREN STREET
SARASOTA FL 34233**



3. Date Incorporated or Qualified
05/24/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SAME

City & State

28 SAME

Zip

24 SAME

Country

25 SARASOTA

Zip

29 SAME

Country

30 USA

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

9. Name and Address of Current Registered Agent

**WAGNER, JERRY W
3937 WARREN STREET
SARASOTA FL 34233**

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

TITLE ☐ DELETE

NAME **PD
WAGNER, JERRY W**
STREET ADDRESS **3937 WARREN ST**
CITY - ST - ZIP **SARASOTA FL 34233**

TITLE ☐ DELETE

NAME **VPD
SHELLHAMMER, PORTER**
STREET ADDRESS **4520 S OLIVE AVE**
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **T
FERGUSON, TERRI**
STREET ADDRESS **3943 DEARBORN AVE**
CITY - ST - ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **SD
LYONS, KEVIN**
STREET ADDRESS **325 HERONS RUN DR UNIT 801**
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **D
WAGNER, KATHLEEN G**
STREET ADDRESS **3937 WARREN ST**
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **D
SHELLHAMMER, JOANIE**
STREET ADDRESS **4520 S OLIVE AVE**
CITY - ST - ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P.O. Box 15262 / 3521 Chestnut St, #C
Sarasota, FL 34277 / Sarasota FL 34237
SD
Patrick McWorter
P.O. Box 17264 / 1900 Jasmine Dr
Sarasota, FL 342 / Sarasota FL 34239

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: **Jerry W. Wagner** **JERRY W. WAGNER** 5/1/96 941-7375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)