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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**3937 WARREN STREET
SARASOTA FL 34233****3937 WARREN STREET
SARASOTA FL 34233-1861**3. Date Incorporated or Qualified
05/24/19933a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 **SAME**26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Jerry W. Wagner (JERRY W. WAGNER) PRESIDENT**3/17/97**

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** ☐ DELETENAME **WAGNER, JERRY W**
STREET ADDRESS **3937 WARREN ST**
CITY - ST - ZIP **SARASOTA FL 34233**TITLE **VPD** ☒ DELETENAME **SHELLHAMMER, PORTER**
STREET ADDRESS **4520 S OLIVE AVE**
CITY - ST - ZIP **SARASOTA FL**TITLE **T** ☐ DELETENAME **FERGUSON, TERRI**
STREET ADDRESS **3521 CHESHIRE SQAURE #C**
CITY - ST - ZIP **SARASOTA FL**TITLE **SD** ☐ DELETENAME **MCWHOTER, PATRICK**
STREET ADDRESS **P.O. BOX 17264 N/A**
CITY - ST - ZIP **SARASOTA FL**TITLE **X VPD** ☐ DELETE **change**NAME **WAGNER, KATHLEEN G**
STREET ADDRESS **3937 WARREN ST**
CITY - ST - ZIP **SARASOTA FL**TITLE **D** ☒ DELETENAME **SHELLHAMMER, JOANIE**
STREET ADDRESS **4520 S OLIVE AVE**
CITY - ST - ZIP **SARASOTA FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerry W. Wagner (JERRY W. WAGNER)**3/17/97****941-921-7375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063042

CR2E037 (9/96)