

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 # **N93000003358 (9)**

1. Corporation Name

THE CHURCH OF THE LIVING WORD OF MIAMI, INC.



Principal Place of Business 1236 NE 93 STREET MIAMI SHORES FL 33138	Mailing Address 1236 NE 93 STREET MIAMI SHORES FL 33138
---	---

3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 02/20/1995
4. FEI Number 65-0485796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1929 N.E. 147 street	22. Mailing Address 1929 N.E. 147 street
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State NORTH MIAMI	28. City & State NORTH MIAMI
24. Zip 33181	25. Country DADE
29. Zip 33181	30. Country DADE

9. Name and Address of Current Registered Agent RAY, H G 1236 NE 93RD STREET MIAMI SHORES FL 33138	10. Name and Address of New Registered Agent 81 Name DR. H. GENE RAY 82 Street Address (P.O. Box Number is Not Acceptable) 1929 N.E. 147 street 83 84 City NORTH MIAMI FL 85 Zip Code 33181
--	--

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 H. GENE RAY H. Gene Ray MARCH 16, 1996

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	<input type="checkbox"/> DELETE
NAME	T KNIGHT, GEORGE B
STREET ADDRESS	680 N.E. 97TH ST.
CITY - ST - ZIP	MIAMI SHORES FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	T CLYDE, MAY
STREET ADDRESS	9674 N.W. 10TH AVE.
CITY - ST - ZIP	MIAMI FL 33150
TITLE	<input type="checkbox"/> DELETE
NAME	T FRANCIS, WALLACE
STREET ADDRESS	2250 N.W. 99TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	T DELIA, ANTHONY
STREET ADDRESS	14003 LAKE GEORGE COURT
CITY - ST - ZIP	MIAMI LAKES FL 33014
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: George B. Knight **GEORGE B. KNIGHT,** 3/16/96 (305) 757-7391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)