

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 15 1997 8:00am
Secretary of State**DOCUMENT # N93000003358 (9)**

1. Corporation Name

THE CHURCH OF THE LIVING WORD OF MIAMI, INC.

Principal Place of Business

Mailing Address

1929 NE 147TH ST
N MIAMI FL 33181
US1929 NE 147TH ST
N MIAMI FL 33181-1142
US

3. Date Incorporated or Qualified

07/22/1993

3a. Date of Last Report

03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, H G
1929 NE 147TH ST
N MIAMI FL 33181

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

H.G. RAY, PASTOR AND REGISTERED AGENT

4/27/97

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 T/D ☐ DELETENAME KNIGHT, GEORGE B
STREET ADDRESS 680 N.E. 97TH ST.
CITY-ST-ZIP MIAMI SHORES FL 33180TITLE X D ☐ DELETENAME CLYDE, MAY
STREET ADDRESS 9674 N.W. 10TH AVE.
CITY-ST-ZIP MIAMI FL 33150TITLE X D ☐ DELETENAME FRANCIS, WALLACE
STREET ADDRESS 2250 N.W. 99TH ST.
CITY-ST-ZIP MIAMI FLTITLE X D ☐ DELETENAME DELIA, ANTHONY
STREET ADDRESS 14003 LAKE GEORGE COURT
CITY-ST-ZIP MIAMI LAKES FL 33014TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

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:

George B. Knight, President/Director
GEORGE B. KNIGHT

4/27/97 (305) 757-7391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033561

CP2E037 (9/96)