

# 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 # N94000000850 (7)**

1. Corporation Name

**CHURCH OF THE LIVING HOLY WORD INC.**



Principal Place of Business

Mailing Address

**1368 FAIRMONT ST  
CLEARWATER FL 34615**

**1368 FAIRMONT ST  
CLEARWATER FL 34615**

3. Date Incorporated or Qualified  
**02/17/1994**

3a. Date of Last Report  
**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

**21 902 Palmetto St**

**26 1368 Clearwater**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Clearwater FL**

**28 Clearwater FL**

Zip

Zip

Country

Country

**24 34616**

**25 Pinellas**

**29 34615**

**30 Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, SARAH L  
1368 FAIRMONT ST  
CLEARWATER FL 34615**

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 **DPT HALL, SYLVERSTER S**  
STREET ADDRESS **1368 FAIRMONT ST**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **STT HALL, SARAH L**  
STREET ADDRESS **1368 FAIRMONT ST**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **WILKINS, SANDRA J**  
STREET ADDRESS **25350 US 19 N- APT 322**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ DELETE

NAME **MILLER, RONALD**  
STREET ADDRESS **11203 CROSSMILL DR**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**T Jonnie M. ZACKERY  
1385 SO. GREENWOOD AV  
CLEARWATER FL 34616**

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

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:

**Sarah L. Hall - SARAH L. HALL**

**2/13/96**

**401-2674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)