


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 05 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000003119 (3)**

1. Corporation Name

**THE WHOLE WORD CHRISTIAN ACADEMY, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>11410 LINCOLN BLVD.<br/>MIAMI FL 33176</b> | Mailing Address<br><b>11410 LINCOLN BLVD.<br/>MIAMI FL 33176-7345</b> |
|--|---|

|  |  |                        |  |  |  |  |  |
|--|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business   |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>06/28/1995</b>                             |  | 3a. Date of Last Report<br><b>08/01/1996</b> |  |
| 21   |  | 26                     |  | 4. FEI Number<br><b>64-0592266</b>   |  | Applied For<br>Not Applicable                |  |
| 22 Suite, Apt. #, etc.   |  | 27 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 23 City & State  |  | 28 City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 24 Zip   |  | 25 Country             |  | 29 Zip   |  | 30 Country                                   |  |
| 24   |  | 25                     |  | 29   |  | 30   |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |  |  |  |  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                                       |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>CULMER WILLIAMS, DIANNE</b><br><b>11410 LINCOLN BLVD.</b><br><b>MIAMI FL 33176</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 85 Zip Code   |  |  |  |
|   |  |  |  | <b>FL</b>   |  |  |  |

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 *Dianne Williams Culmer* DATE **8/29/97**

|                            |                                      |  |  |   |  |  |  |
|----------------------------|--------------------------------------|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS |                                      |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                      | <b>D</b>                             | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | <b>CULMER WILLIAMS, DIANNE</b>       |  |  | 1.2 NAME  |  |  |  |
| STREET ADDRESS             | <b>10960 SW 176 STREET</b>           |  |  | 1.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33157</b>                |  |  | 1.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | <b>D</b>                             | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | <b>MALONE, CARLOS L., SR, BISHOP</b> |  |  | 2.2 NAME  |  |  |  |
| STREET ADDRESS             | <b>8241 SW 183 STREET</b>            |  |  | 2.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33157</b>                |  |  | 2.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | <b>D</b>                             | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>PHILLIPS, FLOYD</b>               |  |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS             | <b>8281 SW 88 TERRACE</b>            |  |  | 3.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33176</b>                |  |  | 3.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | <b>S/D</b>                           | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>NELSON, JEAN</b>                  |  |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS             | <b>15605 SW 108 COURT</b>            |  |  | 4.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33157</b>                |  |  | 4.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | <b>S/D</b>                           | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>MALONE, PAMELA</b>                |  |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS             | <b>8241 SW 183 STREET</b>            |  |  | 5.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33157</b>                |  |  | 5.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | <b>T/D</b>                           | <input checked="" type="checkbox"/> DELETE |  | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>SANDERS, OLIVIA</b>               |  |  | 6.2 NAME  |  |  |  |
| STREET ADDRESS             | <b>10731 SW 147 STREET</b>           |  |  | 6.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33176</b>                |  |  | 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 *Sandra B. Mortham* DATE **8/29/97**

CR2E037 (9/96)